TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02303		CERTIFICA	TE OF DEAT	Н		0249	9
	Type or print) Mamie	Middle Myrtle	A	lost lams	20. 1	February 24		2b. HOUR F 5:15 M
3. \$	Female	4. RACE White	S	DATE OF BIRTH 16 April 1	.896	6. AGE (In years last highday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
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14.	FATHER'S NAME First Gordon	Middle Lost	15.	MOTHER'S MAIDEN NAM Betha		Middle Victoria	Brow	Lost
160	. WAS DECEASED EVER IN U.S. ARI	Bilson Vestal MED FORCES? vor or dates of service) 16b. SOCIAL SECURITY		ORMANTThe Me	dical	Records Address r, NIH, Bethe	sda, Md	1. 20014
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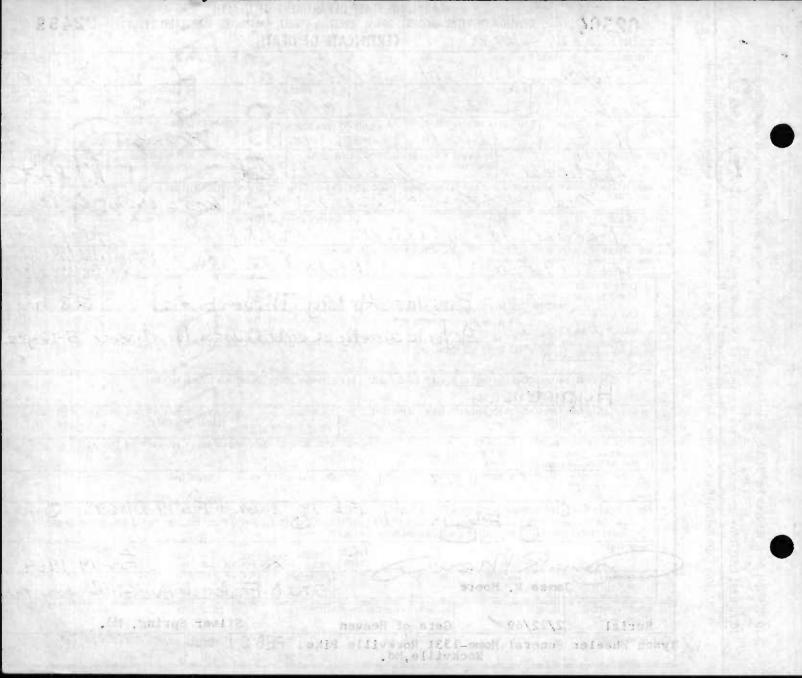
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	ECEASED-NAME Type or print) / Wille	First	Middle	4	llen	20.	DATE OF DEATH Mont	h 19 Doy	Yeor 196.9	2b. HOUR
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		Cas ten	ry alle	N	MOTHER'S MAIDEN	HAME First	ie)	Middle	Huf	fan
		s give war or dates of service)	66 SOCIAL SECURITY NO.	10	chard	Lee C	Illen-	Address 65 10 (e al the	er aus
	18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	ter only one couse per line AUSED BY: MEDIATE CAUSE (o)	for (o), (b), and (c).)	Ars	ery T	hoon	bosis		BETWEEN ON	ATE INTERVAL SET AND GEATH
	Conditions, if ony, which g rise to immediate couse stating the underlying ca lost.	(o), (b)	A CONSEQUENCE OF A CONSEQUENCE OF	erotio	Cerel	bro-20	escular	dissa	5-	10 yr
N	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISE	ASE OR CONDITI	ON GIVEN IN PART	l(o)		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	20o. AUTOPSY?	№ □	20b. IF YES, WERE CAUSES OF DEATH		SIDERED IN CER	TIFYING
DICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE O (1f either, notify medical ex	OF OEATH HOUR A.M.	NJURY Month Day Year 19	21c. HOW	INJURY OCCURRE	D (Enter noture	e of injury in Port	or Port 2, Iter	n IB.)	
ME	21d. INJURY OCCURRED While Not while ot work	21e. PLACE OF INJURY (6	T HOME, FARM, STREET, FACTOR FFICE BUILDING, ETC.	Y.) 21f. LOCA	TION Street or F	R.F.D. No.	City or Town		County	Stote
	couses stoted of	(this hospital) attended olive on February bove (1) (we) (did) (d	18 191	59 , ond 1	hot in (my) (o	., 19 <u>69</u> , our) opinion	to Feb 19 deoth occurred	, 19 <u></u> on the dote	9 , that ond hour o	(we) lo
1	22b. SIGNATURE	2RM	ou >	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.	□ Fel	E SIGNED	969
	22d. PHYSICIAN'S NAME (Type) JE	ames R. Moor	e		570	N. Frec	Perick A	ve Gai	Hersbu	ry, Mi
230.	DEMOVAL /Cassiful	23b. DATE 2/22/69	23c. NAME OF CEN				LOCATION (City or lver Spr	ing, Md	A Part of the Control	(State)
134 s	FUNERAL DIRECTOR E	Funeral Home Ro	-1331AD Rock ckville,Md	ville	Pike 250 DAT	FONT	STR1969 25b	REGISTRAR'S SIL	NATURE O	- ph

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in By me to direct and a direct ar, page 3 should be detached far use as the burial-transit permit. Then please remove carbon expers Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

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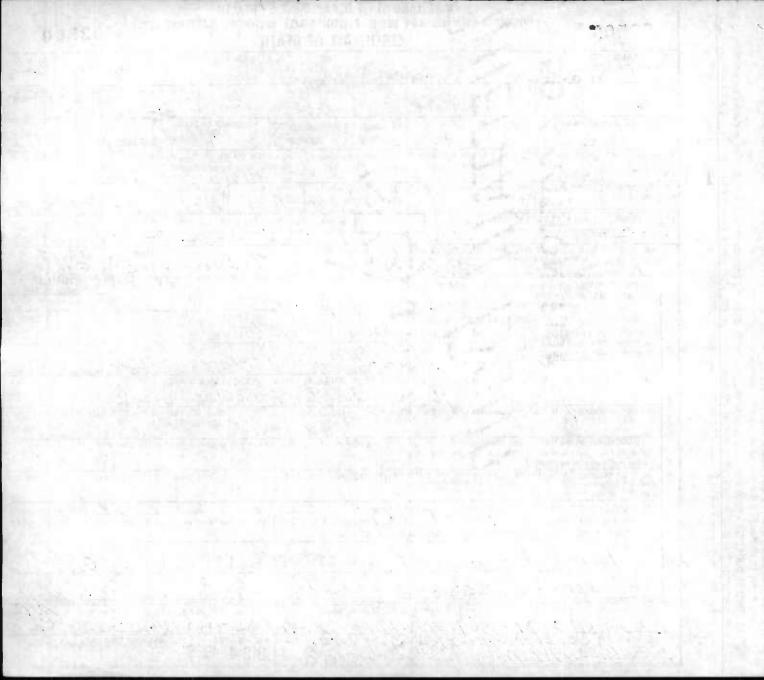


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02500

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hou bou	7o.	BIRTHPLACE (Stote or foreign of What COUNTRY? AMARRIED NEVER MARRIED ON ON FROM ON FRO
completely filled ove orban pope y event within 7	K	ochville Md. 11. NAMOF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Ochville Md. Wb. KIND OF BUSINESS OR during most of working life, even if retired.) Ochville Md. 11. NAMOF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) INDUSTRY
completely ove carban	adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE C. Vb. COUNTY LIMITS 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER C. RCLE.
be ex n ond d in on	1	FATHER'S NAME First PITILIP Middle IVI. Ash for de 15. MOTHER'S MAIDEN NAME First Middle Lost
ertificote physicion en pleos oval, an		1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Lewis 1- Brewninger Jr. Glen beaking
e death certif attending phy permit. Then on, or remova		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REFUNEN ONSET AND OFATH PROXIMATIRITEVAL T BETWEEN ONSET AND OFATH
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ding phosen signature of the properties of the p	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OVEN IN PART 1(a) Left Carebral Language V Carebral Carebral Carebral Considered in Certifying 190. Date of Operation 196. Condition for which operation was performed 26a. Autopsy? 20b. If yes, were findings considered in Certifying
the law or of the law of the has been use as the olth prior	CERTIFICATION	YES NO CAUSES OF DEATH?
rsician ospital c certificot hed for t. of He	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examiner) HOUR A.M. Month Day Year 19
NG PHY y the hare er this e detact ate Dep		While of work of wark
TTENDI oined b OR: Aft nould by		22o. I certify that (I) (this hospital) attended the deceosed from 10 - 3 , 1967, to 2 - 19, 1969, that (I) (we) last saw the deceased alive an
L OR A be reth DIRECT age 3 sh itled with		226. SIGNATURE Company Company
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fi	230	NAME (Type) HENRY C. SURVEES 5473 Cedar Jane Bethesda Mod
TO HOSI Page 4 TO FUNE directo		REMOVAL (Specify) 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City or Town) (County) (County) FUNERAL DIRECTOR COLUMN COUNTY FUNERAL DIRECTOR 250. RECT BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c. RECT BY RECT BY RECT BY RECT BY REGISTRAR 25c. RECT BY RE



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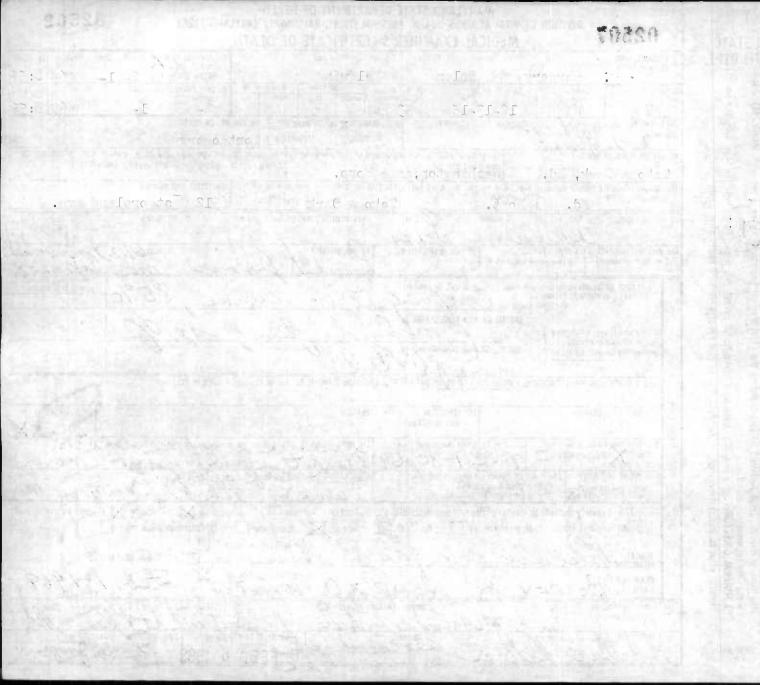
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02502

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month (Type or Print) ESTI-Margery Helen Baldwin 8:54 DEATH MATED JE LINDER 1 YEAR IF HINDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years 2c DATE PRONOLINCED DEAD 2d. HOUR last birthdoy) 12-13-15 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [WIDOWED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR washingtonSan & Hosp. during most of working life, even if retired.) INDUSTRY Takoma Park. Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13h COUNTY 6912 W stmoreland Ave. Md. YES 🗍 Takoma Bark 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, ng, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X ond in my opinion death resulted from: Suicide . Notural couses Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER NAME (Type) ADDRESSIMENT city town or county) 23a. BURIAL FREMATION NAME OF CEMPTERY OR FREMATORY 238 LOCATION (City of REMOVAL (Specify) 1969



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CER	IIFICATE OF DEATH		0.000
1. DECEASED-NAME	First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
(Type ar print)	Martha	Ellen	Ball	A Manth D	lay Year 735 PM
3. SEX	4. RACE	•	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	N-	egro	5/2	lost birthday	MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or fore		A	DDIED ET NEVED MADDIED		omery
WASH. D.C.			RRIED 🙀 NEVER MARRIED 🗌 OWED 📋 DIVORCED 🗍		etthde/debteetm
10. CITY OR NOWN OF DEATH		AME OF HOSPITAL OR INSTITUTI		UAL OCCUPATION (Kind of work done	
Takoma to	irk give	street address) (1) Ash .5	ANT + HOSP Touring	mast of working life, even if retired.) $H \le \omega J .$	INDUSTRY HOME
13a. USUAL RESIDENCE (Where	deceased lived, if institut	tian: Residence befare	CITY OR JOWN 13d. INSIDE CIT		1777111110
admission) STATE	LA COUNTY	Ders 1	THE YES X	NO □ 5236 M	ARL BORO PK
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		Lost
A	llen	GrittiN		Martha	Rudy
160. WAS DECEASED EVER IN		16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	Turny
Yes na, or unknown)	f yes give war or dates of service)	None	WASh. San.	4 HOSp. 7600 (arroll Ave T.P.
18. CAUSE OF DEATH (Enter anly one cause per li	ne for (a), (b), and (c).)		V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (a)	Anumon	in.		
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Canditians, if any, whic	h gave)	Oralle C	and Phr	lnoma.	
rise to immediate cau stating the underlying		AS A CONSEQUENCE OF	X		
last.	(d)	is it consequence of	0		
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE O	PCONDITION GIVEN IN PART 1/a)	
		THE TO DENTI OUT NOT KEE	THE TO THE TERMINAL DISEASE OF	ACCOMPLICATION OFFICE IN TAKE 1(4)	
19a. DATE OF OPERATION	19b. CONDITION FOR WE	IICH OPERATION WAS PERFORM	ED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
DE C			YES NO	CAUSES OF DEATHS	CONSIDERED IN CERTIFICITY
21a. ACCIDENT WAS UN	DERLYING 21b. TIME OF	F INITIRY		ter nature of injury in Part 1 ar Port 2	Itam 191
	SE OF DEATH HOUR A.M.	Manth Day Year	ZIC HOW HOOK! OCCORRED (EI)	ter nature at injury in rail 1 at rail 2,	, Helli To.)
OR CONTRIBUTING CAU (If either, natify medica 21d. INJURY OCCURRED		AT HOME SARM STREET SACTORY	016 106171011 6		
While Not while	210. PLACE OF INJURY	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. N	ła. City ar Tawn	Caunty State
at wark at wark				10	6
22a. I certify that	(I) (this haspital) atte	ended the deceased fro	m	01, ta 2/21, 1	9, that (I) (we) las
auses stated	abave (I) we (did)	(did nat) view the bady	_, and mai in (my) (aur) a	pinian death accurred an the d	late and havr and tram the
22besIGNATURE	TO THE REST OF THE PERSON OF T	tylia liai, view lile bady	40	220	. DATE SIGNED
Tom the	Mari De		DEGREE PHYS.	MED. DIRECTOR PHYS.	2 111 199
22d. PHYSICIAN'S	aller and	1	22e. ADDRESS	DIRECTOR - FAILS.	7 0001
NAME (Type)	violollea	d hims			
23a. BURIAL CREMATION,	23b. DATE	23c. NAME OF CEMETE	BY OF CHEMATORY	23d. LOCATION (City or Town)	(County) (Ca-a-)
REMOVAL (Specify)	2024/9	2 24 f	OK LIKEMIATORI	A ROLLING CONTROL TOWN	(State)
24. FUNERAL DIRECTOR	12-1-6/	ADDRESS	weeth Africa	BY REGISTRAR 25b. REGISTRAR	etiere Mid.
11/11/	Il lara	400	Chester Page Reco	FF 2 6 1969 FEGISTAR	Larry Joseph
011.011.1	100000000000000000000000000000000000000	UCD. WU	INVESTIGATE W	Fr D U LIGHT	// 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. cettificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital ar attending physician.

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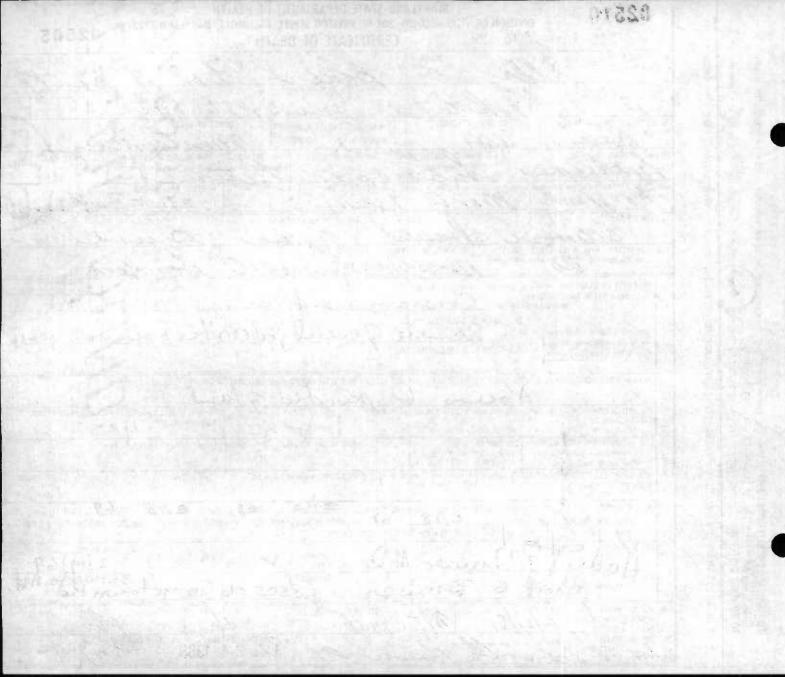
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thot the death certification is to the attending phy tronsit permit. Then cremation, or remova		18. CAUSE OF DEATH (Enti	er anly and cause nor l	ling for (a) (b) and (c)		ospital &	COFA	5 / 2/100	APPRUXII	WATE INTERVAL
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sit pe a matian		Canditians, if any, which g				RYCARCIN	01100	Parcos	15 1600	~U C
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一年のであさ	CERTIFICATION					YES NO		OF DEATH?		
N Z O TO LO	1	21a. ACCIDENT WAS UNDER			21c. HOW	INJURY OCCURRED (Ente	er nature af injury	in Part 1 ar Part 2,	Item 18.)	
1 1	MEDICAL	(If either, natify medical e	xaminer) P.M.	1	9		-			
	×	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCA	TION Street or R.F.D. No	a. City o	r Tawn	Caunty	State
the hard		at wark at wark					,			
After After a Storte		22a. I certify that (1)	(this hospital) at	tended the deceos	ed from!	hat in (my) (our) ap	5'7, to/-		69, that	(I) (we) las
R: A		causes stated at	bave, (I) (we) (did) (did nat) view the	body after ded	nai in (my) (our) ap oth. /I	inian aeain oo	curred on the d	ate and nour	and tram in
OR ATTEN DIRECTOR: ge 3 should led with the		22b. SIGNATURE			2/7/1/	7/	AAFD	220	DATE SIGNED	
e Se		Alin	pe E	1 all	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	267.	1969
WE SEE		22d. PHYSICIAN'S NAME (Type)	(00)	7011			Comment of	sery la	give	
O HOSPITAL OR O HOSPITAL OR O FUNERAL DIRI director, poge 3 should be filed y			rge L	1341/		Silver			209	02_
TO HOS Page 4 directo shoulk	23a.		23b. DATE	23c. NAME OF	CEMETERY OR CR	EMATORY	23d. LOCATION	(City ar Town)	(County)	(State)
(1)2220	01	PROMOVEL	reb. 7, 1			11 Mem. P	1			rae
VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR The S.H.Hi	nog Co	ADDRESS 4+1	Wash.	D C 25a. REC'D	L I 1969	2Sb. REGISTRAR	SIGNATURE	h ====================================
DOITE N. 1/00		THE DOLLANT	TOS COP	- / 0 T - T H 01	T S S S TI	BY BAR U	~ ~ 1000	1	11 11	

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	THE PART ALTERS		
San Sameral			
	e sa postali Dervi. Ballin da Gado S		

				1		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the arendmy physicion and completely filled in by the funeral	director, page 3 shauld be detoched far use as the buriol-transit perhit. Their please remove corbon popels. Pages 1 and 2	pt. at Heolth prior to burial, cremation, or removal, and in any event, within 2 hours after death.	
	ING P	by the	fter thi	be det	State D	
1	ATTEND	etoined	CTOR: A	shauld	with the	
	AL OR	ny be r	L DIRE	odge 3	filed w	
	HOSPIT	je 4 mc	UNERA	ector, p	onld be	
	101	Pog	TO F	dir	Sh	

I	Item6 FilmG410 3/4/69 kk CERTIFICATE OF DEATH	02505
	DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Month Day	Year 2b. Hour
3. S	SEX 4. RACE S. OATE OF BIRTH 6. AGE (In years III	FUNDER I YEAR IN UNDER 24 HRS. ONTHS OAYS HOURS MIN
(OU	BIRTHPLACE (Stote or foreign untry) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 120. USUAL OCCUPATION (Kipd of work done)	M 12b. KAND OF BUSINESS OR
adm	Delle give stree oddress) DISJAR RESIDENCE (Where deceosed lived, if institution: Residence before 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Court 1	PLP bering
14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	1 Contract
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes give war or doles of service) 166-05-0710 Rechard C. Sanker	٨.
	18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 OF SCAN SET STATES OF SCAN SET
RTIFICATION		SIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	
	21d. INJURY OCCURRED While Not while at wark a	Caunty State
	saw the deceased alive an 2/18 1967, and that in (my) (our) apinion death occurred on the date gayses stoted obove, (1) (we) (did) (did not) view the body ofter deoth.	
	22b. SIGNATURE 22c. DATENDING PHYS. 22d. PHYSICIAN'S NAME (Type) Robert G. Brewer 22e. ADDRESS 22e. ADDRESS 13e. 22d. PHYSICIAN'S NAME (Type) Robert G. Brewer 25e. So old George to a control of the	2/19/69 140900 Md
23a.	DUDIN CONTRACTION OF THE CONTRACT OF THE CONTR	(County) (State)
24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE.

VR A15 (4) 45M - 1/69



12511

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR 45M

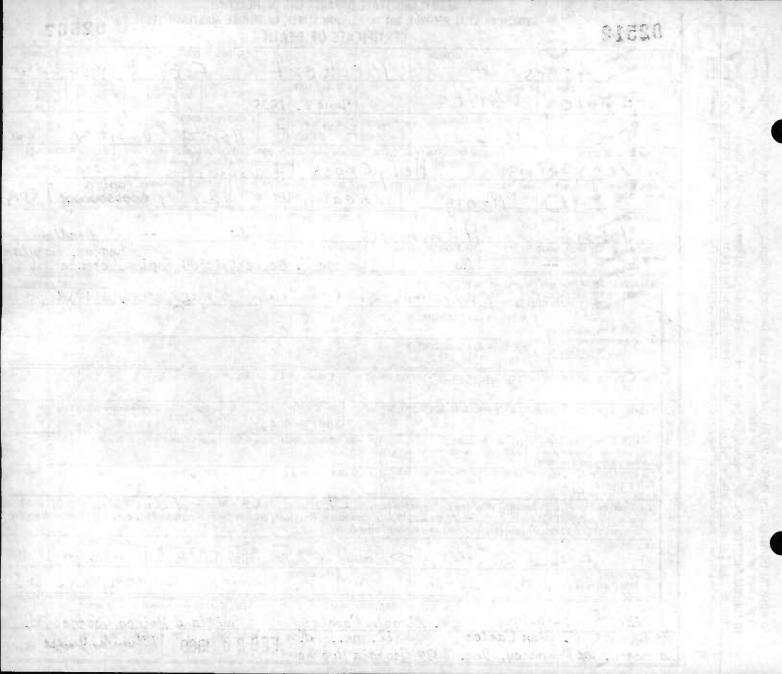
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02506

			CLIV	IIIICA	IL OI DEA	111				4
	ECEASED-NAME Type or print)	First	Middle	2.0	Last	2a.	DATE OF DEATH	enth De	. V.	2b. HOUR
	· Mna	4/0 -D:	seph C	AKC	2AGNI	J-	16	anth 22 Doy	Yeor 69	1050 N
3. SI	EX C	4. RACE		S.	DATE OF BIRTH		6. AG	E (In years birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	Male	White	2	1	20mil-2	1- B	79 105	YRS.	MONTHS DAYS	HOURS MIN.
0.	BIRTHPLACE (Stote or foreigntry)_	n 7b. CITIZEN OF WHAT	COUNTRY? 8. M	ARRIED	NEVER MARRIED	9. CO U	INTY OF DEATH			4-11-4
Z	Talu	4.5.		OWED 🔄		167	not a	in mo	161	Mo
0. (CITY OR TOWN OF DEATH	give_stree	OF HOSPITAL OR INSTITUTION address)	ON (If not i		ng most of v	UPATION (Kind working life, ev	of work done en if retired.)	12b. KIND OF I	
30.	USUAL RESIDENCE (Where	deceosed lived, if institution:	Residence before 13c	CITY OR TO	WN 13d INSIDE	CITY LIMITS?	13e. STREET A			
ıdm	issian) STATE Md	13b COUNTY		was		4	9923		e Drie)u
4.	FATHER'S NAME First	Middle O	Unst	1S. N	OTHER'S MAIDEN NA			Middle		Last
X	Sargage		h		· Du			anto		
16a.	(II)	.S. ARMED FORCES? res give war or dates of service)	b. SOCIAL SECURITY NO.	IZ INFO	PRMANT 9923-	- LaD	uke Di	Addreel	nsingt	on, Md
_				755	Dana	hter				
	18. CAUSE OF DEATH (En	nter only ane cause per line for	or (a) (b), and (c).)		173	. 1			BETWEEN DA	NATE INTERVAL NSET AND DEATH
	TAKI I. DEATH WAS	MMEDIATE CAUSE (o)	colon	C.E.	ata	2R2	wich	1924		
	342 X		CONSEQUENCE OF							
	Conditions, if ony, which rise to immediate cous	gove) (b)								
	stating the underlying of		CONSEQUENCE OF							
	lost.	(c)								
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO TE	HE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PA	RT 1(a)		
z										
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORM	IED	20a. AUTOPSY?		20b. IF YES, W	ERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
TEC					YES 🗆 N	014	CAUSES OF DE			
	21a. ACCIDENT WAS UND	ERLYING 216. TIME OF IN.	IURY	21c. HOW	INJURY OCCURRED		of injury in Po	rt 1 or Port 2 1	tem 181	
MEDICAL	DR CONTRIBUTING CAUSE	DF DEATH HOUR A.M. A P.M.	Nonth Day Year			(2			10.17	
MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY / AT	HDME, FARM, STREET, FACTORY, 1	21f LOCAT	TION Street or R.F.D) No	City or Taw	D	Caunty	State
	While Nat while at work	OFF	ICE BUILDING, ETC.	211. 2007.	O CONTRACTOR	J. 110.	city of Tak		Coomy	31016
		l) (this hospital) attend	ed the deceased fre	Nm	100	1963,	to	-2219	29 that	(I)-(yre) last
	saw the deceas	sed alive an	05-00/10/	and t	nat in (my)	opinian d	eath accurr			and from the
		bave, (1) (we) (did) (dia	view the bady	after dec	ith.	,	avarri decorr	ou an mio ag	ro ana naor a	ina irain inc
	22b. SIGNATURE		+ 111	D	ATTENDING TO	/MED	CTAF		DATE SIGNED	
	Not	Hermyd	LACK YV	DEGREE	PHYS.	MED. DIRECTOR	STAFI PHYS		-22	67
	22d. PHYSICIAN'S NAME (Type) G	B. Sengsta	ck	48	22e. ADDRESS		E = 1/3			
3a.	BURIAL, CONTINUE	23b. DATE 60	23c. NAME OF CEMETE	RY OR CRI	MATORY	23d.	LOCATION (City	or Tawn)	(County)	(State)
	RMXX (Specify)	2-26-69	ParkLav	vn C	emetery		ckvill	e Mor	ntg. 1	. DM
24.	FUNERAL DIRECTOR ROB	ERT A. Tum	ADDRESS!		2Sa. RE	CD BY REGIS	TRAR CO 25	(PEOLITEARISE	SIGNATURE	&

Rie Pumphrey, Inc. 8434 Georgia AvenueDATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02508 CERTIFICATE OF DEATH Middle Last 2o. DATE OF DEATH 2b. HOUR 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking, life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Kensino 15. MOTHER'S MAIDEN NAME First Middle Middle Lost ShuKowsKL 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: wicemona o IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote 22a. I certify that (I) (this hospital) attended the deceased from Feb 26 1966, to Feb- 32 19 69, and that in (my) (🗪 apinian death accurred an the date and haur and from the

ofter sician and completely filled in by requires that the death certificate be executed within 24 haurs remave carban papers. crematian, ar removal, and permit. Then permit. burial-transit physician signed l burial, far use as the t f Health priar tab Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been of Health shauld be detached State Dept. directar, page 3 shauld be filed v VR A15 (4)

21d. INJURY OCCURRED While Nat while at wark

22b. SIGNATURE

22d. PHYSICIAN'S

190. DATE OF OPERATION

02513

1. DECEASED-NAME

3. SEX

country)

(Type or print)

Male

10. CITY OR TOWN OF DEATH

Yes, na, or unknown)

admission) STATE

14. FATHER'S NAME

7a. BIRTHPLACE (State ar foreign

saw the deceased alive an Feb 21 causes stated abave, (1) (we) (did) (did nat) view the bady after death.

ATTENDING PHYS.

DIRECTOR 22e. ADDRESS

22c. DATE SIGNED

NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town

02514

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

CERTIFICATE OF DEATH

02509

-	ECEASED-NAME First Type or print) Mild:		Middle A.		Lost BELL		20. DATE OF	DEATH Month	Doy 6	yeor .	2b. H	
3. S F ∈	emale	4. RACE Caucas:			S. DATE OF BIRT	н В ,193 3		6. AGE (In years Just birthdoy)	MONTH YRS. 8	ER I YEAR	IF UNDER HOURS	24 H
7a.	BIRTHPLACE (Stote or foreign ntry) Rhode Island	76. CITIZEN OF WHAT		WIDOWED			Monte	DEATH				
	CITY OR TOWN OF DEATH Bethesda	give str	e of Hospital or Institution (Naval)	oital	ot in hospitol			(Kind of work d life, even if retire		. KIND OF DUSTRY	BUSINESS	OR
13o. adm	USUAL RESIDENCE (Where deceas issian) STATE Florida	ed lived, if institution 136. COUNTY	: Residence before	13c. CITY OR Warri		A. INSIDE CITY LIMI	TS? 13e. S1	REET AND NUMBER 3 Rue Ma	R			
14.	FATHER'S NAME First Unknown	Middle	Lost			Inknown	1	Midd	le		Lost	
160	. WAS DECEASED EVER IN U.S. ARN (es, no, or unknown) (If yes give w NO	NED FORCES? ar or dates of service)	Sb. social security i		nformant Wa Gl Coye	_		Addre N 213 Ru	ssFlor e Max			
NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	(b) CC DUE TO, OR AS (c)		valve OT RELATED TO	O THE TERMINAL C	DISEASE OR CO	NDITION GIVE	N IN PART 1(0)				
CERTIFICATION		CONDITION FOR WHICH			20o. AUTOPS	NO 🗌	CAUSES	YES, WERE FINDING OF DEATH?	Yes		ERTIFYING	
EDICAL C	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M.	Month Doy Yeor				nature of inju	ry in Port 1 or Po	rt 2, Item 18	3.)		
W	at work of work	PLACE OF INJURY (AT			CATION Street of			or Town	Cou			ate
	22a. I certify that (this haspital) attended the deceased from Jan. 17, 19, 69, to Feb. 19, 19, 69, that (N) saw the deceased alive an Feb. 19, 19, 69, and that in (My) (aur) apinion death accurred an the date and haur and causes stated abave, (1) (we) (did) (bick book) view the bady after death.									(P) (we and fram	m	
	22b. SIGNATURE	l. S.	aslan	DEGR	ATTENDING PHYS.	☐ MED). ECTOR \square	CTAFE	22c. DATE SI 20 Fe		969	
	22d. PHYSICIAN'S NAME (Type) Ronald	D. Gaski				l Hosp	pital,	Bethesd	a, Md			
23a.	BURIAL, CREMATION, 23b. D	24-69	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO	N (City or Town)	(Ca)	intv)	(State)	
	REMOVAL (Specify) 2- Burial FUNERAL DIRECTOR Pohomit	-24-69	Calve	rly Co	crematory emetery	7	Ber	kley	Rho	de	Islate)	11

Bethesda, Md

DATEFEB 2 5

1969

7557 Wisconsin Ave..

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.

1 2 2 3 5

02516

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02511		0	2	5	1	1	
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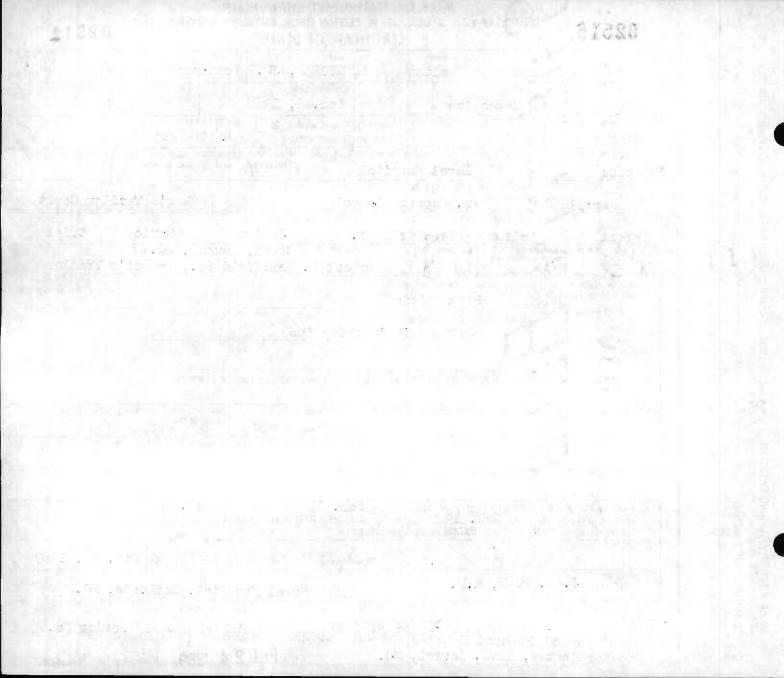
I. DECEASED-NAME	First		Middle		Lost		20. DATE OF DEATH		2b. HOUR	
(Type or print)	Ro	bert	Walton	BE	WEFIELD,	JR.	Februar youth 19 Do	1 69 Yeor	440A	
. SEX	1774	4. RACE			S. DATE OF BIRTH		6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR		
Male		Cauc	asian		Dec. 5,	1968	lost birthdoy) YRS.	MONTHS -PAY	S HOURS MIN	
o. BIRTHPLACE (Stote or	foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	_	COUNTY OF DEATH			
Alaska		USA		WIDOWED			Montgomery		M	
O. CITY OR TOWN OF DEA	TH	11	NAME OF HOSPITAL OR IN	ISTITUTION (If no	t in hospitol 12	o. USUAL	OCCUPATION (Kind of work done	12b. KIND (OF BUSINESS OR	
Bethesda		gı	ve street oddress) Hos	spital		ring Mo	(ppf working life, even if retired.)	INDUSTRY		
30. USUAL RESIDENCE (Worldmission) STATE Max	here deceos	ed lived, if insti	tution: Residence before	13c. CITY OR 1		IDE CITY LIM	The state of the s	ailer (Court	
	irst	Middle			MOTHER'S MAIDEN	NAME Fir	st Middle		Lost	
Robert		Waltor	Benefie	eld Sr.	J	anio	ee Marie	Cı	rist	
(6a. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARM (If yes give w	MED FORCES? rar ar dates of service)	16b. SOCIAL SECURITY N/A				Laurel, MdAddress leld Sr., Barber	's Tra:	iler	
17	WAS CALISE	ly one couse per D BY: ATE CAUSE (o)	r line for (o), (b), ond (c) Pneumoniti).)				APPRO	OXIMATE INTERVAL N ONSET AND DEATH	
486 X		DUE TO, O	R AS A CONSEQUENCE OF		-Coation					
rise to immediate	ouse (o), ((b) specific imperiod of								
stoting the underly lost.	ing couse	DUE 10, 0								
_	IEICANIT CON	(c)_	DUTING TO DEATH BUT A	OT DELATED TO	THE TERMINAL DISEA	CF 00.00	NDITION GIVEN IN PART 1(o)			
TAKE 2. OTHER SIGN	IFICANT COF	IDITIONS CONTRI	BOTHO TO DEATH BUT N	IOI KELATED TO	THE TERMINAL DISEA	ISE OKCO	NUTTION GIVEN IN PART 1(0)			
190. DATE OF OPERATI	ON 19b.	CONDITION FOR	WHICH OPERATION WAS PE	ERFORMED	20o. AUTOPSY?	NO [2]	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN	CERTIFYING	
210. ACCIDENT WAS	CAUSE OF OEAT	H HOUR A.					noture of injury in Port 1 or Port 2,		1988	
21d. INJURY OCCUR! While Not while of work of work	ED 21e.		Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		ATION Street or R.	F.D. No.	City or Town	County	State	
22a. I certify the	at (t) (th	live an Fe	ttended the decease b. 19 d) (303/36%) view the	19_69, and	that in PARV) (au	, 19 <u> (</u> ır) apin	59, to <u>Feb. 19</u> , 19 ian death accurred on the da	69 , the	at*(P) (we) las ir and fram th	
22b. SIGNATURE	J.	K. Mb	we m.D	DEGRE	ATTENDING PHYS.) MEI		b. 19,	1969	
22d. PHYSICIAN'S NAME (Type)	J./K	. HOWE,	М.Д.		22e. ADDRESS Nave	al Ho	ospital, Bethesd	a, Md.		
30. BURIAL, CREMATION, BUREMOVAL (Specify)	23b. I	/ /		CEMETERY OR C			23d. LOCATION (City or Town) LAKELAND	(County)	(Stote)	
4. FUNERAL DIRECTOR T	aure	Funer	al Home ADDRESS	HOWARDI	4. FREIN 250.	REC'D BY	LAKELAND TREGISTRAR'S	SIGNATURE	UG •	
550 Was	hingt	on, Blv	d. Laurel,	Md.	DATE	FEB	2 4 1999 miles	n. la ()		

VR A15 (4)

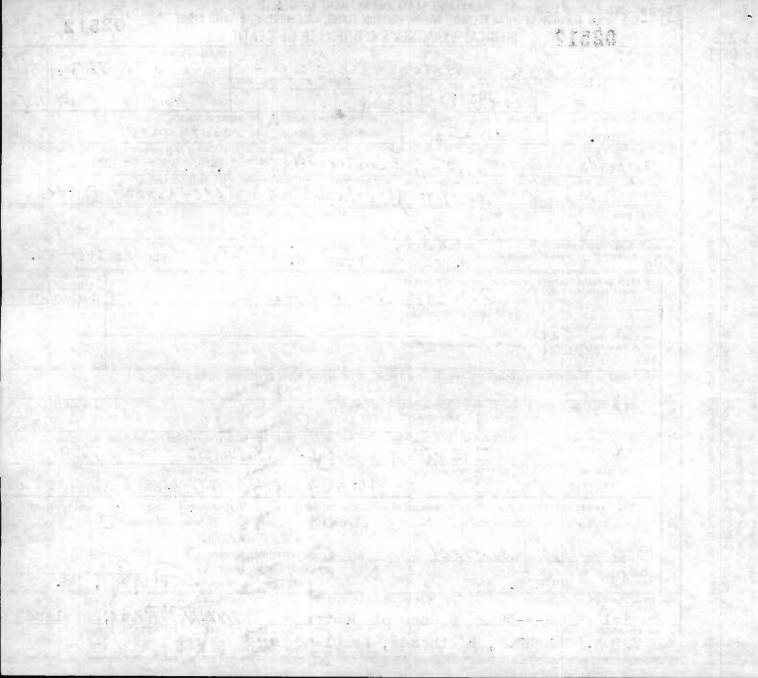
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removed, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



1	Ite 5-1	22821b Film 410 MARYLAND STATE DEPARTMENT OF HEALTH THE 5 17,23b, Fi	lm G410 2512 3/12/6							
FOR STATE	9	02517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ol Z cac							
HEALTH DEPT.		ECEASED-NAME First Middle Lost C 20. DATE KNOWN Month D	Doy Yeor 2b. HOUR							
lay is 13 ta Page ent af	,	Type or Print) Frank Hale. Berticle Sr. DEATH MATED TO FEBT.	26271969 551							
ath any delay oges 1, 2, and 3 th form PM3. Page State Department	3. SI		Yeor 1969 1143							
any , 2, P P		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	-							
ss 1	Tenn. US.A. WIDOWED DIVORCED Mont gomers									
	10. CITY OR TOWN OF DEATH Bethesda- 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if settired.) 12b. KIND OF BUS during most of working life, eyen if settired.) INDUSTRY									
0 m 2 0/5	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OF STATE No. 13b. COUNTY Montgone 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO. 18b. COUNTY Montgone 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO. 18b. COUNTY Montgone 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO. 18d. STREET AND NUMBER	Dilve.							
4 hours of fice d	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Kol							
d within 24 in pencil in Examiner File pages n 72 haurs	16o. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? os, no, or unknown) (If yes give war or dates of service) None 17. INFORMANT H. Father ADDRESS Frank B. Berfield Same as	Item 13.							
ed with period of the period o		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
d be executed "pending" in Chief Medical E. transit permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) GUN Shot- WOUTER of Head	Sudden.							
× P × d +		955 X DUE TO, OR AS A CONSEQUENCE OF								
l be l'pe l'hief ransi	113	Conditions, if ony, which gove rise to immediate couse (o), (b)								
al- al- an-	12.0	stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								
0 + + 0		(c)								
		TAKE 2. OTHER SIGNAL CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION OFFICE IN TAKE 1(0)								
is certificate te, writing the farwarded to used as a remaval, and	ATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?							
This cricate, be far le un rem	CERTIFICATION	WAS PERFORMED?	YES NO							
and	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH 210. TIME OF INJURY Month, Day Year PRIMARY TO OR CONTRIBUTING Short Ask Short	18.) If C							
EXAMINER: oute the certiage 4 shauld your files. Your files. Page 3 shauld, crematian,	MET	21d. INJURY OCCURRED WHILE AT WORK AT	County Stote Mentgarring Ma							
ICAL E) tar. Pag ed far) CTOR: P burial,		22a. I certify that I took charge af the remains described above, held an Autopsy 🗍, Inspection 💢, Inquiry 💢,	and in my opiniar							
e exector of the far far far far burial	100	death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner 🗌								
feas dire stair DIR		ACTUAL O & B P C CHIEF MEDICAL EXAMINER C								
TY, ple eral di eral di cal D	-575	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SI	GNED							
o DEPUTY Decessory, please the funeral direct S may be retained FUNERAL DIRECT Health prior to		EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Bethesda	Md.							
O DEPU necessa the fun 5 may O FUNE Health	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((County) (Stote)							
		REMOVAL (Specify) Burial 3-4-69 Gate of Heaven Street Periods								
M		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. RECISIDAR'S SIG	SNATURA,							
VR A15ME (5) 10M REV. 1/68	K	OBERT A. PUMPHREY, B ethesda, Maryland DATE MAR 5 1969	and and							



April in what is the street of the street of the street of the Continued of the Continued Para territe constat. Selection in the state THE TENNES OF STATE O

and 2 death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician dad coxpletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Behavild be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hou

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02514

OFOTO		CEKIIF	CALE OF DEATH			
	irst	Middle	Last	2a. DATE OF DEATH	11 - 210	2b. HOUR
(Type or print)	GEORGE	B	31555-77	Fet Month/	4 Doy 1969eor	650
SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In ye	ears IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE	WHITE		4-2-89	lost birthdo	YRS. O 12	HOURS MIN.
B. BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COL	INTRY? 8. MARRIE	D NEVER MARRIED	9. COUNTY OF DEATH		
MD	USA	WIDOWE		MONTGOMA	RY	M
0. CITY OR TOWN OF DEATH ROCKULLE 3a. USUAL RESIDENCE (Where de	give street ac	MAC VALLEY	NURSING HOME	JAL OCCUPATION (Kind of war nast of working life, even if re TAX DRI	k done 12b. KIND OF E	
Idmission) STATE 10558 HEARTHUR	101 COLIMITY	IERU POTO	MAC YES IN	10 Mc Apony	B Blief To	maine B
4. FATHER'S NAME First	Middle	Last	1S. MOTHER'S MAIDEN NAME	First M	liddle	Last
Thomas	SE	BISSETT	8/4	7, MV /11	Kita	bress
160. WAS DECEASED EVER IN U.S. Yes, np, ar unknawn) (If yes, g	man areas on electron of an electron		INFORMANT	Ad	Idress / Common	77-75
Tes, IIO, di diikildwil)	2112 1 578	74-9301 19	no Char	LES COOLEN 1	ne Bertice	Blud
18. CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b) and (ch)	,		APPROXIM BETWEEN Q	MATE INTERVAL MSET AND DEATH
PART I. DEATH WAS CAI	USED BY: EDIATE CAUSE (o)	wol kno	mbous		Cluk	mour
4339	DUE TO, OR AS A CO	NSEQUENCE OF	1-1	. 1.		
Canditians, if any/which ga	ve) (b) Q	enloy	o aleve	Ischoo	,	
stating the underlying cau		NSEQUENCE OF				
last.) (()					
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
19a. DATE OF OPERATION 1	OF CONDITION COD MINICH ODE	DATION WAS DEDECORATED	OO AUTODOUG	and its war warms and		
SHEIC	9b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY? YES NO	CALISES OF DEATHS	IDINGS CONSIDERED IN CE	RTIFYING
		h Doy Year	HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or	Port 2, Item 18.)	
(If either, notify medical exc	aminer) P.M.	19				
While Not while at work		BUILDING, ETC.			County	State
22a. I certify that (I)	(this haspital) attended	the deceased from_	3-22,196	s, ta 3-/4 inian death accurred an	7, 19 69, that	(I) (we) las
saw the deceased causes stated abo	alive an <u>did) (did) (did no</u>	at) view the bady after	nd that in (my) (aur) ap death.	inian death accurred an	the date and havr a	ind fram the
22b. SIGNATORE	X Bucy/s	NSOWES DEC	GREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 6	9
22d. PHYSICIAN'S NAME (Type)	ONAIdIL.	Bucy	22e ADDRESS UCI	R'S Mill Ro	(Rocku	illE
REMOVAL (Specify)	2-17-69	Boundal Ren Church Cen	nthodrist etery	23d. LOCATION (City or Town Potomac	(County) Mary	1 ^{State} nd
4. FUNERAL DIRECTOR Robe			2Sa. REC'D E	BY REGISTRAR 400 25b. REG	TREES SIGNATURE LACE	ye
7557-Wiscon	sin Ave., B	ethesda, M	Id. DATE FE	DI 1 1900 /	(1)	17

A 1 8 8 C 164 AND THE RESIDENCE OF THE PARTY POTONE POTONE WELL THE THE THE PERSON REPORTER 105 ST HATTING BUILD HOUSE OF A PARTY ATT SHEET T STEAL PART COMMENTS contract thronton demedied alexandering Words Sury Surgers x 3-14-14 DONALD IL-BUCK BOY VINS MITHER NOT NOTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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					0	2	5	1	5

	ECEASED-NAME (ype or print)	First STHER	Middle	DI A	Lost	Peb.	OEATH Month 19 Doy	10 Xees	2b. HOUR 4:30 E
3. SE		4. RACE	B.	S.	CKER DATE OF BIRTH Nov. 18,		6. AGE (In years last birthday)		IF UNDER 24 HRS. HOURS MIN.
7o. I	BIRTHPLACE (State or fo		OF WHAT COUNTRY?		NEVER MARRIED DIVORCED	9. COUNTY OF	gomery		Md.
Œ	ity or town of deat akoma Pa	rk		ash Ho	n hospitol 120. USU/ sp&San ^{uri} Re	AT OCCUPATION	(Kind of work done if a, even if retired.)	12b. KIND OF B	ousiness or ousing
		ere deceosed lived, if in	nstitution: Residence befare		WN 13d. INSIDE CITY U		eet and number 5 East-W		
Н	enry Jos	eph	ldle Last	U.	OTHER'S MAIDEN NAME F	irst	Middle		Lost
16a. Y	(es, no, or unknown)	N U.S. ARMED FORCES? (If yes give war ar dates of serv	16b. SOCIAL SECURITY 223-22-		ormant Helene Ax	ler 30	Address 09 Bluef	Last Toronto T	
	18. CAUSE OF DEATH PART I. DEATH W Conditions, if ony, wh rise to immediate costoting the underlying	VAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO hich gave ouse (0), (b)	per line for (o), (b), ond (c) Pulso on a , OR AS A CONSEQUENCE OF , OR AS A CONSEQUENCE OF	yenl	roli-y la	lung	nsington Intervoce	THAT WEN ON	ATE INTERVAL SET AND DEATH LOCAL NUOLO
CERTIFICATION	19a. DATE OF OPERATIO	DN 19b. CONDITION FO	OR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES NO	20b. IF	YES, WERE FINDINGS COI OF DEATH		RTIFYING
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d. INJURY OCCURRI While Nat while at work of work	CAUSE OF DEATH HOUR icel examiner) ED 21e. PLACE OF IN.	P.M. JURY (AT HOME, FARM, STREET, FARM, STREET, FARM, STREET, FARM)	ACTORY.) 21f. LOCA	INJURY OCCURRED (Ente	. City o	or Town	County	Stote
	saw the dec	ceosed olive an	ottended the deceos (did) (did not) view the	IY_GZ ond t	hat in (my) (our) opi	nion death o	ccorred on the dat	e ond haur o	(I) (we) last and from the
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	hert W	Vechs1	DEGREE PROPERTY.	PHYS. 22e. ADDRESS /800 9	AED. IRECTOR LECTOR LECTOR LECTOR LECTOR	PHYS. D 2/	ATE SIGNED 20/69 Ward	20.0
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb. 2	1,69 Natio	cemetery or cr nal Me	ematory morial Pa				(State)
	funeral director Foldberg	Fun'l Ho	4217 Me Washing	h St. N	W	REGISTRAR B 2 4 19	2Sb. REGISTRAR'S S	SIGNATURE VALLE VALLE	des

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician oad completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remavol, and many event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

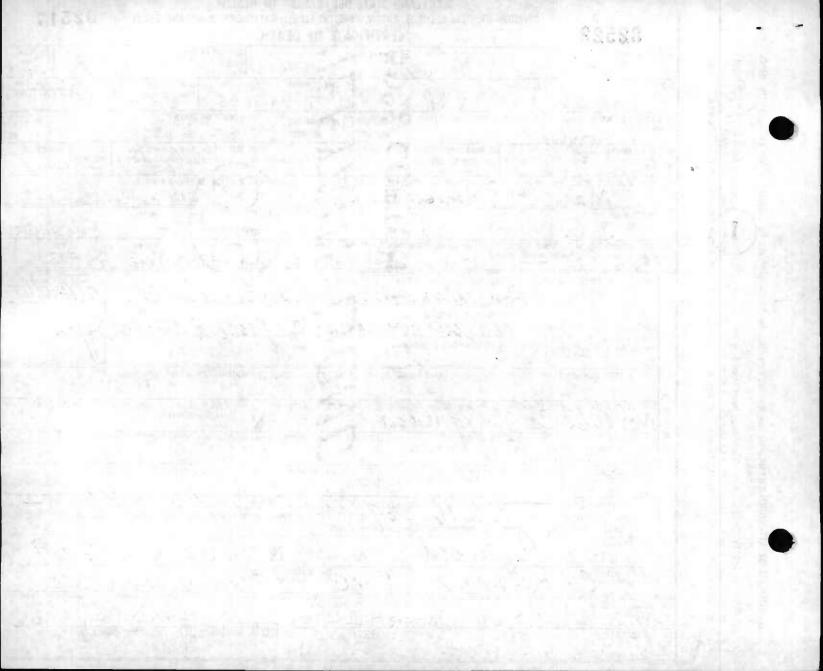
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02516 02521 CERTIFICATE OF DEATH Edgecombe 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME death. death certificate be executed within 24 hours after death. the funeral (Type ar print) ANCES vora IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years 4. RACE 3. SEX MONTHS 1880 9. COUNTY OF DEATH campletely filled in by 7a, BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? country) MONTGOHIEN DIVORCED [WIDOWED 2 MAINE 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 1D. CITY OR TOWN OF DEATH INDUSTRY give street address) 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER Montgomery 2015 East-West Highway Silver IS. MOTHER'S MAIDEN NAME First Middle Flora please 1302 Kane I I Wood 16b. SOCIAL SECURITY NO. 17. INFORMANT Son 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) 578-44-8219A Yes no ar unknown) Francis ElBlake Monroeville, Penna. burial, crematian, ar removal, attending piny 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART 1. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 prior to CERTIFICATION 2Db, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 19a. DATE OF OPERATION SD CAUSES OF DEATH? has YES [USe 10 21b. TIME OF INJURY certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be retained by the haspital (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County 21d. INJURY OCCURRED While Nat while After this at wark at wark saw the deceosed olive on_ directar, page 3 shauld should be filed with the couses stoted above, (1) (we) (did not) view the body after death. TO FUNERAL DIRECTOR: 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (State) 23b. DATE Suitland, Maryland Cedar Hill Cemetery PUMPHREY, Bethesda, Maryland DATE B 201 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV.

medication in the second control of the seco and year now went it we work to the SA-SA-SAR Cardiar guist Bernell County in tenor large for Deneral yel A S-CV 3574 F Po reservation Men aunt PA-SS TS SHINGS JOH HSINAS ST SS- HT world on the state of the state Sacrating Sala Scheduler and School from the Company of the

MARYLAND STATE DEPARTMENT OF HEALTH 02517 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First BLAKE Lost 2g. DATE OF DEATH 2b. HOUR death. Pu (Type or print) D Month 30 Yeor P IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS lost birthday) DAYS HOURS requires that the death certificate be executed within 24 haurs ampletely filled in by COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) remove carban papers. DIVORCED [WIDOWED TX tino within 7 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If hot in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OF during most of working life, even if retired.) event, 13o. USUAL RESIDENCE 13c. CITY OR 13e. STREET AND NUMBER (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13b. COUNTY odmission) STATE # YES IY 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle phys/ciamond OBECK edse 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war ar dates of service) remava 18. CAUSE OF DEATH (Enter only one couse per line for (o), GETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: permit. crematian, Conditions, if ony, which gove burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES . 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (1) (this haspitely attended the deceased from saw the deceased alive on 12 **1**, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE STAFF PHYS. director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRASS 23c. NAME OF CEMETERY 23b. DATE OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION (Stote) REM



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and the focus	STATE OF	of the Sale and trops	34. 35	enti-lieg	NEVE N

Oakland Cemetery

ADDRESS

Inc. 8434 Georgia Avenue

2-20-1969

Pumphrey.

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VR A15 (4)

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	It	12525 cem6 FilmG409 2	/25/69 kk	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	02520
uneral and 2 r death.		ECEASED-NAME First Type or print) Mary	Magdaline	Blosser	February 18	2b. HOUR
Ders differ	·3. S	Female	4. RACE White	5. DATE OF BIRTH September 7	6. AGE (In years last birthday) 71, 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
THE EXT	can	BIRTHPLACE (State or foreign ntry) 'irginia	7b. CITIZEN OF WHAT COUNTRY? America	8. MARRIED NEVER MARRIED NUORCED DIVORCED	9. COUNTY OF DEATH Montgomery	N
軍 当事。	10. T	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address) Washington	Sanitarium during m	AL OCCUPATION (Kind of work dane ast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
c ke ke	odm V	ission) STATE 'irginia	sed lived if institution: Residence before	Stanley YES NO	Route 1	
sician and please rem		FATHER'S NAME First Ambrose	Middle Last Reinhea		ncy	Shomore Last
physician nen please aval, and i	100	no	war or dates of service)	Patient's	Address Chart	
un. by the attending physician and contransit permit. Then please rema crematian, or remaval, and in any		PART I. DEATH WAS CAUSE	ATE CAUSE (a)	Shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y the at insit per ematian		Canditians, if any, which gave rise ta immediate cause (a),		Congestive Ho	of Failure	6-9 month
physician. signed by the burial-transit burial, crema'		stating the underlying cause last.	(c)	urama		1-2006-
tending phass been signed as the bub priar to bu	NOI	Rherma	toid arthritis	IOT RELATED TO THE TERMINAL DISEASE OR C		
icate has b far use as Health pric	CERTIFICATION	19a. DATE OF OPERATION 19b.	CÓNDITION FOR WHICH OPERATION WAS PE	YES NO V		
certificat iched far ipt. af Hec		OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Manth Day Year ner) P.M.	9	r nature of injury in Part 1 ar Part 2,	
this deto	~	While Nat while at wark	OFFICE BUILDING, ETC.			Caunty State
CTOR: After shauld be ith the Stat		22a. I certify that (I) (the saw the deceased a causes stated above	ri s hospita l) attended the decease live an 1001 e, (I) (we) (did) (did nat) view the	ed, from 300, 196 1969, and that in (my) (o or) api bady after death.	nian death accurred on the do	te and haur and fram th
4 × 3 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5		22b. SIGNATURE	forestro		NED. STAFF 22c.	DATE SIGNED 2/19/69
AL pa pa pa fe fi		22d. PHYSICIAN'S NAME (Type) R. H		A	errell Are Tice	k md
TO FUNER director, shauld b			DATE 22. NAME OF ADDRESS	CENTERY OF REMATORY	Howley	(County) (State)
VR A15 (4) 45M - 1/69	13	FUNERAL DIRECTOR	254 Captoll 5	PATE DATE	Brestar 1989 . RECKTRARE	CONTROL NO.

MARYLAND STATE DEPARTMENT OF HEALTH

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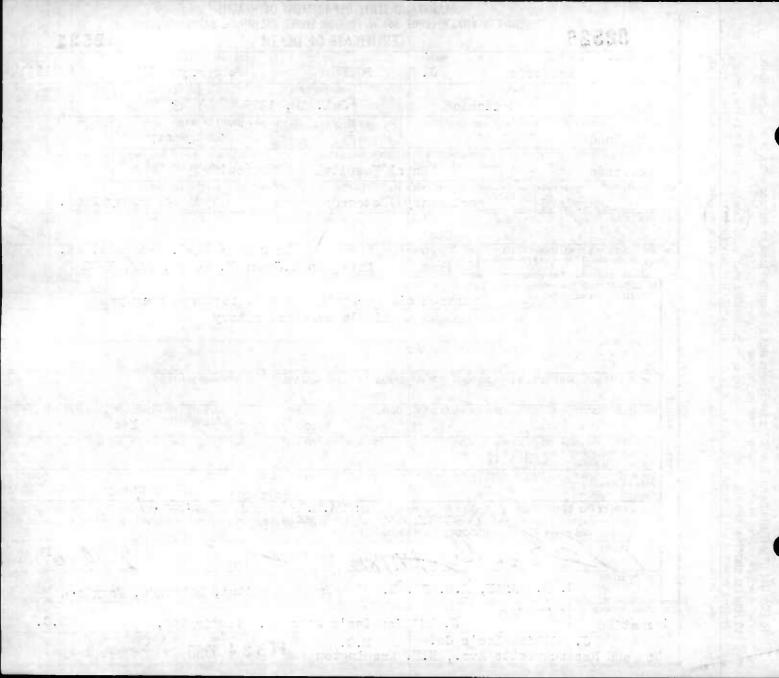
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

02521

		CERTIFICATE OF DEATH		UNUNA
DECEASED-NAME First (Type or print) Mar	Middle jorie J.	last BODEN	20. DATE OF DEATH February Month 17 Do	2b. Hour 1231 W
3. SEX Female	4. RACE Caucasian	S. DATE OF BIRTH Jul. 18, 192	6. AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign country) England	7b. CITIZEN OF WHAT COUNTRY? England	WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md
10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR IN give street address) Nav	al Hospital duri Mon	AL OCCUPATION (Kind af work done 9월윤쌍역대한원 life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where decear admission) STATE Marylan	sed lived, if institution: Residence before d 13b. COUNTY Montgomery	13c. CITY OR TOWN 13d. INSIDE CITY L	The state of the s	acy Blvd.
14. FATHER'S NAME First	Middle Last Cook	IS. MOTHER'S MAIDEN NAME F	irst Middle	Last
16a. WAS DECEASED EVER IN U.S. AR Yes, no, ar unknawn) (If yes give	MED FORCES? war or dates of service) None		eracy Blvd. Rethers E. Boden, RAF	
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA) 430 9 Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF) id hemorrhage due t middle cerebral a	o ruptured aneur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH "YS"
nse ta immediate cause (a), stoting the underlying couse last.	(t)	OT RELATED TO THE TERMINAL DISEASE OR (CONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES 🔼 NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYI	TH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter	r noture of injury in Part 1 or Part 2,	, Item 18.)
While While While	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town 17 February	County State
canses stated abov	is hospitol) attended the decease live on 17 February 9, 64 we) (did) (dictor) Wew the	Febra ed from6:00A.M.17 , 19 19 <u>69</u> , and that in (新科 (aur) api bady after death.	nion death accurred on the d	9.69, that (4) (we) las ate and hour ond fram the
22b. SIGNATURE	rasy	PAPERE ATTENDING PHYS.	NED. STAFF 22cc	DATE SIGNED - 69
NAME (Type) C.	B. EARLY, M.D. Ph.	D. Naval Hosp	ital. Bethesda,	
or ema cron	19/09 J. Will	CEMETERY OR CREMATORY iam Lee's Sons Co.		(County) (State) D.C.
	lliam Lee's Co ADDRESS husetts Ave., N.E.		Y REGISTRAR 2Sb. REGISTRAR 256.	S SIGNATURE



4 1	tems 18-22a Film 410MARYLAND STATE DEPARTMENT OF		
FOR STATE	02527 MEDICAL EXAMINER'S CERTIFICATE		02522
HEALTH DEPT.	DECEASED-NAME First Middle Lost (Type or Print)	20. DATE KNOWN Month OF ESTI-	Doy Yeor 2b. HOUR
. 2 € E	THYMIOND DOI	E / DEATH MATED	7-1969 7AN
P. and 3 P.	SEX MALE 4. RACE S. DATE OF BIRTH B	HOURS MIN. 2c. DATE PRONOUNCED DEAD	Yeor 1969 7A N
J, 2, m Pr	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MA		
8 2	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol	DRCED /Y ON GO	12b. KIND OF BUSINESS OR
after deoth 8. Give Poge along with with the Star eath.	SILVER SPRING HOUSE (ROSS		INDUSTRY
after de along with the leath.	to. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN	dd. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	0
2	odmission) STATE MD 13b. COUNTY MONT ROCK VILLE	YES NO 602 CRAB	BAVE
hours after Item 18. Giv Office along 1 and 2 with after death.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAI Lacey Bolen		Lost
hin 24 ncil in niner's pages haurs	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 17. INFORMANT	Unknown ADDRESS	
	40.	Blankenship Same as	item 13e
ed with the in period in period in Examilar 1. File in 72 min 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Multiple interna		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed in Medical Exercity and in the mithin	IMMEDIATE CAUSE (o)	ar accident	
be execution be execution being the medical medical being an an area of the medical being the medical	Conditions, if ony, which gove)		
word " the Chi	rise to immediate couse (o), (b) DUE TO, OR AS A CONSEQUENCE OF		
should be e te word "per o the Chief I buriot-transit in ony ever	lost. (t)		
s certificate should be executed, writing the word "pending" i forwarded to the Chief Medical used as o buriol-transit permit.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate to, writing the forwarded to the used as o keem order.	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION		20. AUTOPSY?
e, writi forwar e used emova	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OF		YES NO
Th iffico If be or		CURRED (Enter noture of injury in Port 1 or Port 2 lite ed was passenger in the collided with another	em 18.)
bical Examiner: se execute the certificator. Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremation, or	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street		County Stote
XAM Ite the the yaur Poge crem	WHILE NOT WHILE Street - 7500 block Muncaste	rMill Rd. Rockville N	Montg. Md.
ical E) e executor. Poged for Science for	22a. I certify that I taak charge of the remains described above, held an Auto		and in my apiniar
please explication director. Propried DIRECTO	death resulted from: Natural causes Accident Suicide ,	Homicide , Undetermined manner	
directoi DIR	ACTUAL / / / / / / / / / / / / / / / / / / /	EF MEDICAL EXAMINER 22b. DATE	CIGNED
ory, ple nerol di be reto prior	JIONATORE DE MILD.	SISTANT MEDICAL EXAMINER 22b. DATE:	7/0/0
necessory, please execute the funerol director. Page 4 5 may be retained for your for FUNERAL DIRECTOR. Page Health prior to buriol, cren	LEAAMINEKS / / - AIT) / -	DRESSISTEED, city Flowing or country)	1,1169
0 = + 2 D =	33. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 2/9/1969		(County) (Stote)
	4. FUNERAL DIRECTOR 1331 ROCCESSIBLE Pike	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	igh W Va
VR A15ME (5) 10M REV. 1/68	Tyson Wheeler Funeral H ome Rockville, Md.	DATE FEB 1 3 1969 fclia	ver Jusip

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	a file a	resident rest		
	Helico Han	livkoefi sao H	1-19.703	green Breet

director, page should be filed 20 M

22c. PHYSICIAN'S

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

NAME (Type)

REMOVAL (Specify)

ROBERT

STEPHEN

23b. DATE THEREOF

2-27-69

PIMPHREY

JONES 23c. NAME OF CEMETERY OR CREMATORY Rockville Cemetery 2So. REC'D BY REGISTRAR ADDRESS .ROCKVILLE.MD

M.D.

PHYS

22d. ADDRÉSS

> Rockville, Maryland 2Sb. REGISTRAR'S SIGNATURE McCharley Jugar

(County)

Year

NO

(Stote)

(Stote)

1969

23d. LOCATION (City or Town)

98890 manager of the second of the s the same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH First Middle law requires that the deoth certificate be executed within 24 hours after deoth Feb. Month 18 Day (Type or print) Paul Bouis MUNON. 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR White Male 6-7-95 last mhday) and completely filled in by the 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country cyclesod Ua. USA Montgomery WIDOWED DIVORCED | 12a. USUAL OCCUPATION (Kind of work done day event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if retired.)
a1 Guard Industria give street address) Olney Montgomery General Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Silver Springs 13b. COUNTY
Montgomery 1911 Marymont Rd. Maryland 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle s attending physician ond permit. Then please, ter tion, or removol, and in a Robert Bouis Bouis Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Nora Yes, na, ar unknown) ion, or removol, West of the West o 218-20-0294 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE O signed by the burial-tronsit p Canditians, if any, which gave cremat rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T TO HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the hospitol ar
TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Nat while at wark 22a. I certify that (1) (this-hospital) attended the deceased fromsaw the deceased alive an and that in (my) (aur) opinian death accurred on the date and have and fram the should causes stated abave ()) (we) (did) (diam) view the bady after death.

DEGREE

Parklawn Cemetery

23c. NAME OF CEMETERY OR CREMATORY

PHYS

DIRECTOR

director, p

22b. SIGNATURE

23a. BURIAL, CREMATION

PHYSICIAN'S NAME (Type)

Dr. Charles

Ligon

1969

LOCATION (City or Town l'ontgomery. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

PHYS.

02524

69 ear

2b. HOUR

IF UNDER 24 HRS.

HOURS

12b, KIND OF BUSINESS OR

WEEN OUSET AND GEATH

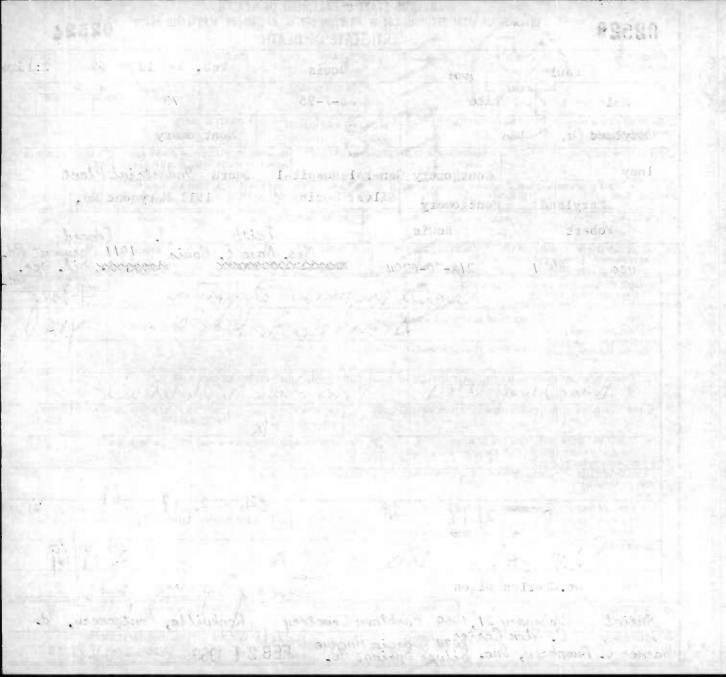
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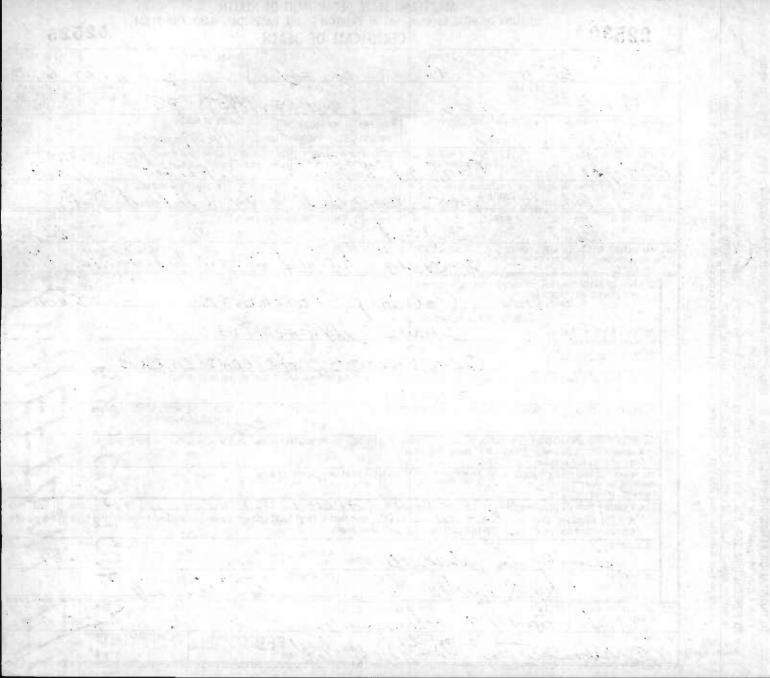
Edward

County

22c DATE SIGNED

2:15am





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02526 02531 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR death. (Type or print) ACOB 24 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF TINDER 24 HRS MALE last birthday) MONTHS HOURS signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Page 5-15within 72 hours 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED please remave carban papers. MONTGOMERY DOLAND WIDOWED DIVORCED [1D. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR The law requires that the death certificate be executed within during most of working life, even if retired.) give street oddress) INDUSTRY SCY90 CF. MERCHANT and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Monte SILVER Spring 14. FATHER'S NAME Middle BEREL RENNER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 9-60 907 Whitehal Non ar remaval, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, Canditians, if ony, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been priar ta far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗆 af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. directar, page 3 should be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1959, taffelow, 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death. 3 should be 22b. STONATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) /SI PORE SAULMA 23a. CURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) REMOVAL (Specify) ELESEVETARE Cemetery DANZANSK, ADDRESSOUS. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

1969

Williams an Ore

VR A15 (4) 30M REV. 1/68 - is to war.

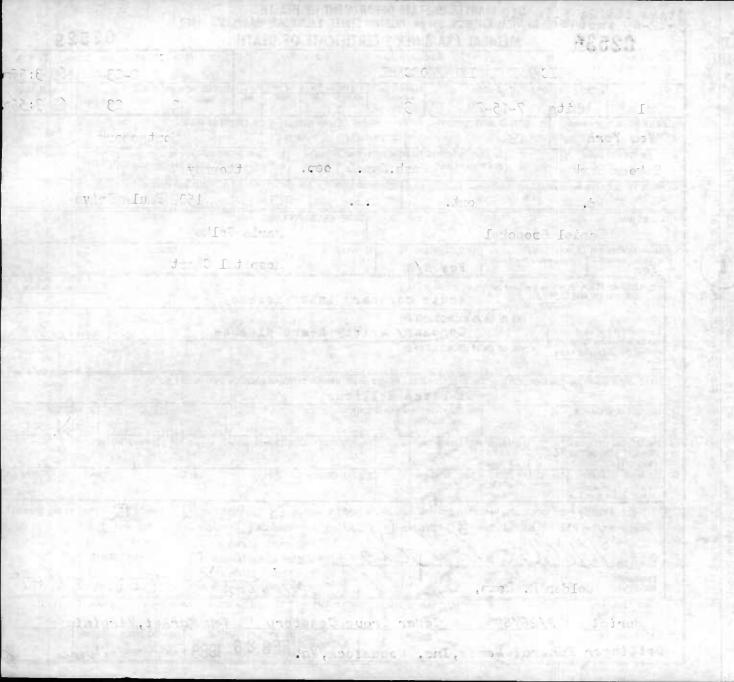
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	ECEASED-NAME Type or Print)	First RI(CHARD DAI	Middle NIEL BRO	ECKEL	Lost			20. DATE KNOWN X Month OF ESTI- DEATH MATED \ 2-2	Doy Yeor 23- 196	2b. HOUR 9 3:55
3. SE	Male	4. RACE White	5. DATE OF BIR	29	5. AGE (In years last birthday) 39 YRS		S HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month 2 Doy 2	23 Yeor 19 6	2d. HOUR
coun	BIRTHPLACE (Stote 17) New You	ork F DEATH		ME OF HOSPITAL (WID OR INSTITUTION	N (If not in hosp	IVORCED 120. L	JSUAL OC	Montgome CCUPATION (Kind of work done shwarking life away if retired)	ery 12b. KIND OF BU	Mo SINESS OR
	Takoma USUAL RESIDEN dmission) STATE	CE (Where deceos	ed lived, if institu	treet oddress) W tion: Residence b Mont.	efore 13c. CITY		13d. INSIDE CITY YES	LIMITS?	liverkinglife even if retired.) 13e. STREET AND NUMBER 1509 Paula		
	ATHER'S NAME	First Daniel I			Lost	1S. MOTHER'S		First rie	Middle Selke	Lo	st
160. \ (Y	es, no, or unknow	(If yes give v	ORCES? war or dates of service)	16b. SOCIAL SECUR		17. INFORMANT	Но	spit	al Chart	APPROXIMA	
	PART I. C Conditions, if orise to immed stoting the un lost.	ony, which gove iote couse (o), derlying couse	TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	Acute AS A CONSEQUENC Corona AS A CONSEQUENC NG TO DEATH BUT	COTOR E OF E OF NOT RELATED		eart d	isea		BETWEEN OMSI	T ANO OEATH
TIFICATION	190. DATE OF O	PERATION		Diabet 19b. CONDITION F WAS PERFOR	OR WHICH OPI					20. AUTOP	SY?
MEDICAL CERTIFICATION	CAUSE OF DEAT	R CONTRIBUTING [H	HOUR A.M	۸.	19		1.59		ure of injury in Port 1 or Port 2, I		
	22a. I death re ACTUAL SIGNATURE EXAMINER'S NAME (Type)	certify that I to sulted from: Belden	R. Reap	es Acci	cribed above	Suicide	utapsy , Hamicia CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA ADDRESS STORE	Institution Instit	AMINER 22b. DATE Support county)	SIGNED 2, 23, 1	Stote my apinian
	BURIAL, CREMA REMOYAL (Spec Buri FUNERAL DIRECT	al 2	DATE 126/69	Ced		OR CREMATORY	etery		New Market Vi	rainia	Stote)
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VR A15ME (5) 10M REV. 1/68

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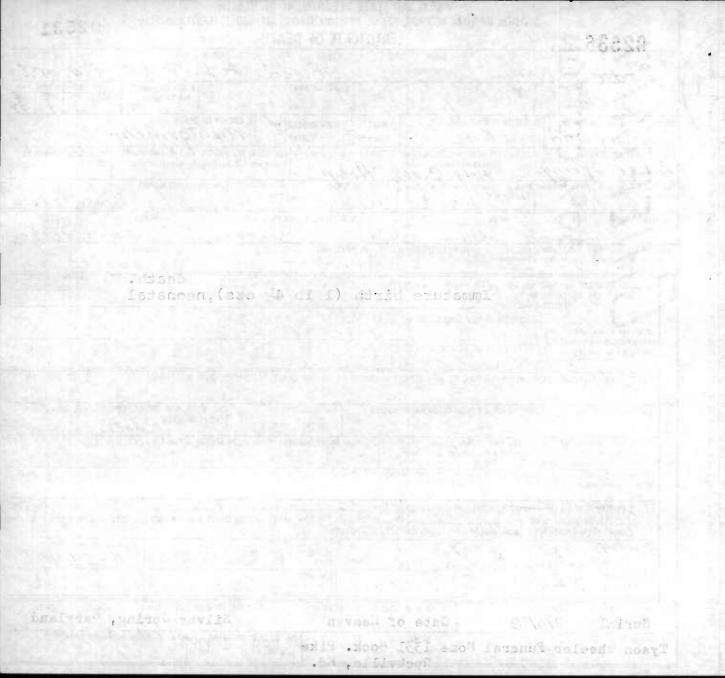


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02531 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAM Middle 2b. HOUR death, death. (Type or print) NONC Buda cremation, or remaval, and in any event, within 72 haurs after 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 6. AGE (In years lost birthdov) DAYS SHTNOM 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Montgomen the attending physician and campletely filled in sit permit. Then please remove carban papers. USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** give street oddress) (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be executed odmission) STATE 13b. COUNTY YES THE NOT an) 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First JEAN ose p 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Address I (If yes give war ar dates of service) Yes, no, or unknown) above Father as death. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY: Immature birth (1 lb 4½ ozs), neonatal BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove: burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse signed t burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 📉 NO [far use State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22o. I certify that (I) (this hospital) attended the deceased from 2-1 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on.... director, page 3 shauld shauld be filed with the couses stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S -SeminAR NAME (Type) 23d. LOCATION (City or Town) (Silver Spring, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION, (County) Maryland Gate of Heaven REMOVAL (Specify) 2/6/69 250. RECD BY REGISTRAP 96925b. REGISTRAPS SIGNATURE 24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home 1331 VR A15 (4) 30M REV. 1/68 Rockville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE

PM3_Page

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY

5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land with the State Depart the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

Health priar to burial, cremation, ar removal, and in any event within 72 haurs after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

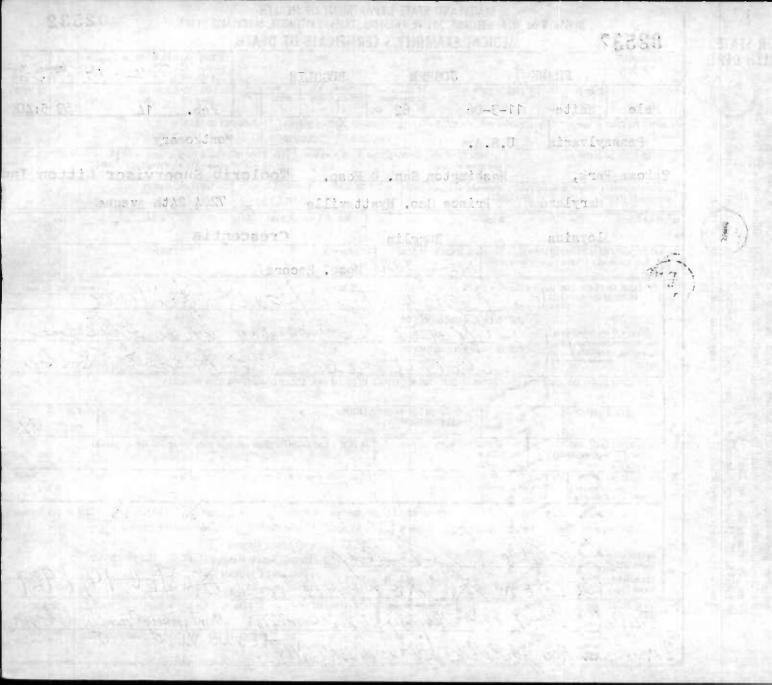
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HEALTH DEPT. transpl of

death.

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1. DECEASED-NAME	First		Middle		Lost		1	20. DATE KNOWN	Month D	Doy Yeor	2b. HOUR
(Type or Print)	FRAN	K	JOSEPH		BUGGL	IN		OF ESTI-	2 -	14 19	95部
3. SEX	4. RACE	S. DATE OF BIR	TH 6. AG	E (In years birthday)		IF UNDER S	24 HRS.	2c. DATE PRONOUNCED	DEAD		2d. HOUR
Male	White	11-3-		2 YRS		HOUKS	min	Month Feb.	12	Yeor 1969	5:40P
70. BIRTHPLACE (Stot	te or foreign 7b.	CITIZEN OF WH			ARRIED ANEVER MA	ARRIED _	9. COU	NTY OF DEATH	10.00		
country) Penn	sylvania	U.S.	Α.	WID	OOWED DIV	ORCED	1	Montgomery			Md
IO. CITY OR TOWN C		11. N/	AME OF HOSPITAL OR I	NSTITUTIO	N (If not in hospito		SUAL OCC	CUPATION (Kind of wo	rk done 1:	2b. KIND OF BUS	
Takoma :	Park.	give s	treet oddress) hington Sa	n. &	Hosp.	Too	nost of	working life, even if ib Super	visor	NDUSTRY Litte	on In
130 USUAL RESIDEN	ICE (Where deceased	lived if institu	tion: Residence before	13c. CITY	Y OR TOWN	3d. INSIDE CITY L	LIMITS?	13e. STREET AND NUM	BER		
odmission) STAT	Maryland	Vb. COUNTY P.	rince Geo.	Hya	ttsville	YES N	10 🔲	7204 24th	Avent	ue	
14. FATHER'S NAME	First	Middle			15. MOTHER'S MA	IDEN NAME	First	Mic	ddle	Los	st
	Aloysius		Buggl	in		Cre	sce	ntia			
160. WAS DECEASED E	VER IN U.S. ARMED FOI		16b. SOCIAL SECURITY		17. INFORMANT			ADDRES	SS		
(Yes, no, or unkno	WN) (If yes give wa	r or dates of service)	192-22-3	350	Hosp. R	ecord					- 374
	F DEATH (Enter only	one couse per li	ne far (o), (b), ond (c)	.)	12-	4,		, //,	1	APPROXIMATE BETWEEN ONSE	
	DEATH WAS CAUSED I		made	21	live	NO	ans	- tai	lu	CO.	1 MIO VENTIT
412	3 IMMEDIATE	1-1	AS A CONSEQUENCE O	P	195	V		1/2	1	11.	
	ony, which gove	/h) (11/11	0	Core	ma	ry	Mans	MA	reies	cey
	diote couse (o), (DUE TO, OR	AS A CONSEQUENCE O	F	, ,	1	2/1	7)	11/16	0	Y
lost.	illustrying coose	6	1/2 Von	10	ar On	, at	4	Hen	M	XX	200
PART 2 OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR (CONDITION	N GIVEN IN PART 1(o)			
190. DATE OF 210. EXTERNAL	OPERATION		19b. CONDITION FOR		PERATION	,				20. AUTOPS	Y?
FIG			WAS PERFORMED	1?						YES 🗀	NO
210. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Month, Doy, Ye	or	21c. HOW INJURY O	CCURRED (En	nter notur	e of injury in Port 1 o	r Port 2, Iter	m 18.)	
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	HOUR A.	M. M. 19								
21d. INJURY O	CCURRED 21e. PL	ACE OF INJURY (At home, form, street,	1.7	21f. LOCATION Stree	t or R.F.D. No.		City or Town		County	Stote
WHILE AT WORK	NOT WHILE	ory, office buildin	ng, etc.)	260							
		k charge of t	he remoins describ	ad ahay	ve helden Aut	ODEV []	Inc	pection XI. In	quiry 🔀	and in n	nv opinion
	esulted from:	Noturol cou	1		Suiede .	Homicid		Undetermined	1		ny opinion
deom	esulled Hoth:	NOTOTOT COU	ALLIGE	1					monner [
ACTUAL	12/06	1000	161		10 -1	SISTANT MED			22b. DATE Si	IGNED	
SIGNATURE	_		0	1	TVI.U.	PUTY-MEDICA			- 1	1111	0,0
EXAMINER'S NAME (Type		FAL	X. A	1-1		DRESSISTEE			2/2/	14.1	764
230. BURIAL REM.	1 3 6 6	DATE	23c NAME OF	CAMETER	Y OR CREMATORY	1 00		LOCATION (City of To	wn) ((County)	State)
RAWOVAL (Social Social		-19 19	69 Holes	len	. 1 . 1	muter		mintrone	en Carri	nTre (1	enus
24 FUNERAL DIREC		-1. 1	ADDE	ES	ACROO -	25a_REG	BYEREG	TETRAR (2 1250. R	GISTRAR'S SI	GHOTTURE NAME	Simple on
16	1 ,1/	0011	11	0/	1/1/1/1/1	11/1	CD	T 0 1000	1	0 11	11

VR A15ME (5) 10M REV. 1/68



	ian and completely filled in by the funeral	sase remove rarban papers. Pages I and	and in any event, within 72 hours after death	2 4
Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Tongpletely filled in by the funeral	ar, page 3 shauld be detached far use as the burial-transit permit. Then plec	ld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, ar	
Pa	10	-ip	5	4)

30M REV, 1/68

02538 02533 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR M (Type or print) Month Edward Lerov Burch February 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) HOURS MONTHS October 1, 1918 Male White 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [Kentucky WIDOWED [USA Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of warking life, even if retired.) INDUSTRY The Clinical Center, NIH Chemicai Bethesda Lab technician 13a, USUAL RESIDENCE (Where deceased lived if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 134. COUNTY YES NO 1710 Kurz Way Louisville entucky 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Cashman Burch Marv Robert 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, na, ar unknawn) 1941-1945 400-28-4187 The Clinical Center, NIH, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH
24 - 48 Hrs. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure - Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Left Ventricular Aneurysm Canditions, if ony, which gave) 3 Years nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 10 Years (c) Coronary Artery Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? Yes 2/5/69 Coronary Artery Disease YES 🔀 NO 🖂 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while at wark 22a. I certify that (I) (this haspital) ottended the deceosed from 27 January, 1969, to 8 Feb., 1969, that (I) (we) last saw the deceased alive on 8 February 1969, and that in (1904) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (atomst) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. 8 February 1969 DEGREE DIRECTOR PHYS. 22e. ADDRESS The Clinical Center, National NAME (Type) Bradley M. Rodgers, M. D. Institutes of Health, Bethesda, Maryland 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ST. ANDREW CEMETERY: LOUISVILLE-Jefferson-Ky. Feb. 11.1969 2Sb. REGISTRAR'S SIGNATURE Dixee Highway 2So. REC'D BY REGISTRAR Ochanter Jacobsk Suburban F. Home:

Item 19a Film 410 3-17-69 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Pages 1 and 2 after death. the funeral

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ard of director, page 3 shauld be detached for use as the burial-transit permit. Then please rema shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in art

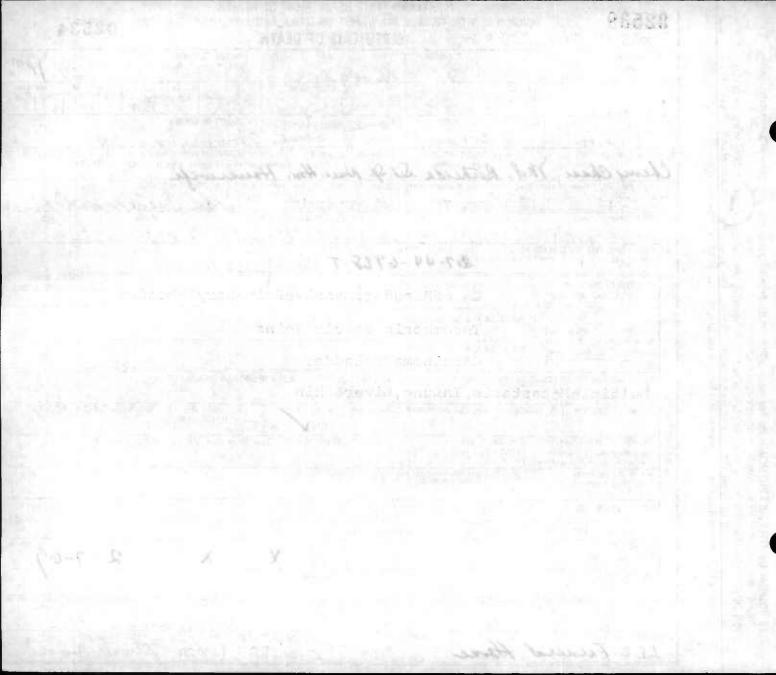
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Iteml	3 FilmG409	2/17/69 k	k C	ERTIFICAT	TE OF DEAT	TH			0200	
1. DECEASED-N (Type or pr	rint)	2	Middle	Bung	lost	20. 1	DATE OF DEATH Month	7 Doy	Yeor 9	2b. HOUR
SEX For		4. RACE Wh	ite		DATE OF BIRTH	1,18	6. AGE (In lost birth	yeors day) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
"0	CE (State or foreign	7b. CITIZEN OF WHAT		WIDOWED 📈	NEVER MARRIED DIVORCED DIVORCED 120	m	NTY OF DEATH		1/2b. KIND OF I	Mc
Chen	Chase ESIDENCE (Where deceose	Md. Bey	et oddress)	13c. CITY OR TO	us. Hm duri	Hours of v	vorking life, even if	retired.)	INDUSTRY	202IME22 OK
odmission) S	Land	13b COUNTY	ery	Silver	Spr: YE	NO 🗌	1601 CM	eett	lane It	ive.
14. FATHER'S	NAME First FLANK, CEASED EVER IN U.S. ARN	Middle Don 2	ALA SOCIAL SECURITY NO	u Ze	DIHER'S MAIDEN NA	elle	· L2+	Middle OUT	ette	Lost
			217-44-			veile	Rowe	Addiess	LODBOVIA	WATE INTERVAL
PAI Condition rise to instanting	ISE OF DEATH (Enter on IRT I. DEATH WAS CAUSED IMMEDIA ons, if ony, which gave mmediote couse (o), the underlying couse	DBY: OTE CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A	for (o), (b), and (c).) A OFBLAC A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	s Pel	vic Vei		aryEmbo	lism	DETWEEN OF	NSET AND DEATH
Mil	other significant con ltipleMet	IDITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO TH	IE TERMINAL DISEAS	E OR CONDITIO	ON GIVEN IN PART 1	(0)		
190. DAT	E OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER			10	20b. IF YES, WERE CAUSES OF DEATH?			RTIFYING
₹ □ OR COI	CIDENT WAS UNDERLYIN NTRIBUTING CAUSE OF OEAT or, notify medical examin	HOUR A.M. P.M.	Month Doy Yeor				of injury in Port 1	or Port 2, It	tem 18.)	
While of work	ot work	PLACE OF INJURY (AT					City or Town	4	County	Stote
50	certify that (I) (the aw the deceased a auses stated abave	ive on _	0-19	69, and t	nat in (my) (aur		death accurred o	n the dat		(1) (we) las and fram the
22d. PH	HYSICIAN'S AME (Type)	Sharp	a MI) DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOI	R STAFF [22c. D	ATE SIGNED 7-	69.
	ALISPECTY OX. 2-	DATE - 9-1969	23c NAME OF C	EMETERY DR CR	At. Lec	S 23d.	LOCATION (City or T	own) 9+0 (EGISTRAR'S	(County) X D SIGNATURE	(Stote)
	E Funer	al Ham		4 de. ST.	- Parline	FB I	I 1969		rles Jan	age

VR A15 (4) 30M REV. 1/68



1	MARYLAND STATE DEPARTMENT OF HEALTH
I	12541 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02535
	DECEASED-NAME (Type or print) Ethel B (Sanon 20. DATE OF DEATH 20. DATE OF DEATH 20. Month Doy Year 30.
3. :	SEX
	BIRTHPLMINION 7b. CITIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital occupation (Kind of work done give street oddress) 12. KIND OF BUSINESS OR INDUSTRY 12. USUAL OCCUPATION (Kind of work done lindustry) 12. KIND OF BUSINESS OR INDUSTRY
13c	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE D C 134. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1700/6 St. N W
	FATHER'S NAME, First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Sources
164	o. WAS DECEASED EVEN IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates af service) 578–18–8093A
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FDR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CER	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor [If either, notify medical examiner] P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. City or Town.
	While of work
230	NAME (Type) JOHN E. EVERETT 9400 - CONN. HV. Newsylen D. BURIAL, CREMATION, PARALLIC CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
24.	FUNERAL DIRECTOR SUIT AND MARYLAND. FUNERAL DIRECTOR FUNERAL DIR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02536

	ECEASED-NAME	First		Middle		Lost	20.	DATE OF DEA	TH		2b. HOUR
1	Type ar print)	MARTHA		JEAN	C	ARNELL		FEBRUA	Month 9 Da	1969	5:55
3. 5	EX	4.	RACE		2	. DATE OF BIRTH		6. 1	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMALE		CAUC	CASIAN		2 OCTOBE	ER 19		st birthdoy) YRS.	MONTHS OAYS	HOURS MIN
70.	BIRTHPLACE (Stote or	foreign 7b. 0	CITIZEN OF WHA	T COUNTRY? 8	MARRIED X	NEVER MARRIED		UNTY OF DEA	J.ha.		
COU	SOUTH CA	ROLINA	USA		WIDOWED			MONTG	OMERY		N
10.	CITY OR TOWN OF DE	ATH		NE OF HOSPITAL OR INSTIT	UTION (If not			UPATION (Kin	d of wark done	12b. KIND OF	BUSINESS OR
	BETHESDA,		1		L HOSF		g most of		even if retired.)	INDUSTRY	
13o.	USUAL RESIDENCE (Winission) STATE		ed, if institution b. COUNTY	n: Residence befare 1.	3c. CITY OR T		CITY LIMITS?		AND NUMBER		
	, 1	RGINIA V	b. COONT		RICHM	OND YES X	NO .	1603	CHARLES	STREET	
14.		First	Middle	Last	15.	MOTHER'S MAIDEN NA			Middle	- 2	Lost
		CHARD	DAVIS	CULLOM			IZABE	TH	FRANCIS	ARE	RINGTON
160	. WAS DECEASED EVER Yes, no. or unknown)	IN U.S. ARMED FO		6b. SOCIAL SECURITY NO.		ORMANT			Address		VA
	Yes, no, or unknown)			227 46 279	96 DE	NNIS M. CA	ARNEL	L,1603	CHARLES		
	18. CAUSE OF DEA	TH (Enter only one	couse per line	for (o), (b), ond (c).)	lada ada	-4:- O		of Door			MATE INTERVAL DNSET AND DEATH
	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CA	.USE (o)W1	despread M	etast	atic Carci	noma	or bre	ast		
	114 X		DUE TO, OR AS	A CONSEQUENCE OF							
	Canditians, if ony, wrise to immediate		(b)					120			
	stoting the underly		DUE TO, OR AS	A CONSEQUENCE OF							- 300
	last.)	(c)								
	PART 2. OTHER SIGN	NIFICANT CONDITIO	NS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE	ORCONDIT	ION GIVEN IN	PART I(a)		
NC											
CAT	19a. DATE OF OPERAT	TON 19b. CONDI	TION FOR WHICH	H OPERATION WAS PERFO	RMED	20o. AUTOPSY?		,	WERE FINDINGS (ONSIDERED IN C	ERTIFYING
CERTIFICATION								CAUSES OF I	YE		
	210. ACCIDENT WAS		21b. TIME OF I		21c. HOV	/ INJURY OCCURRED (Enter notur	re af injury in	Port 1 or Port 2,	Item 18.)	
MEDICAL	(If either, natify me	dical exominer)	P.M.	Month Doy Year							
M	21d. INJURY OCCUR While Not while	RED 21e. PLACE	OF INJURY (A	T HOME, FARM, STREET, FACTOR	Y.) 21f. LOC	ATION Street or R.F.D	. No.	City or To	ıwn	County	State
	at work of work					O . T	60	Α.Τ		1-	
	22o. I certify the	hat (Î) (this ha	spital) atten	ded the deceosed	fram	9 Jan , 1		to_9 F		09_, that	(4) (we) las
	saw the de	eceased alive	an / did) (d	Kakaka view the ba	, ond	that in (my) (our)	opinion	death accu	red an the do	ite and haur	and from th
	22b. SIGNATURE	red dbove, (i.i.	(we) (uiu) (u	New me bu	uy uner de	diri.		-	1 224	DATE SIGNED	
	1	XXXX	ertio	2	DEGREE	ATTENDING PHYS.	MED. DIRECTO	OR D STA	CC	Februa	ry 60
	22d. PHYSICIAN'S	0000	0.770		DEGREE	22e. ADDRESS			13.		- y 05
	NAME (Type)	D. L. H	JRTON I	IT MC USN		Naval H	lospi	tal, Be	ethesda,	Md.	1
23o.	BURIAL, CREMATION,	23b. DATE	/	23c. NAME OF CEA	METERY OR CI	REMATORY GLende	7 / d 23d.	LOCATION (Ci	ty or Town)	(County)	(Stote)
	REMBUR SPAIN	23b, DATE	169	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		onal Cemet					Cond
74.	FUNEKAL DIKECTUK	Murphy	uneral	- ANDRESY		1 230. KEU	D BI KEG	ISTRAR	2Sb. REGISTRAR'S	SIGNATURE	1
	J. W. Bli	ley Fune	Tal Hope	nea Rotechino	nd, Va	DATE F	EB 1			retar Vac	and an

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executed within 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificatenbel Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4)

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicial sad-completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, crematian, or removol, and in ony event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FRTI	FICAT	FOF	DEATH

	CERTIFICATE OF DEATH	
1.	DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Model Last Car DATE OF DEATH (Type ar print) Car Day	Year 2b. HOUR
3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years	1969 7:15A
L	male white 6/28/06 last birthday) YRS.	MONTHS DAYS HOURS MIN
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 1	- 4-11
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
12.	Getherda give street address) Subachan Hong during most of working life, even if retired.) Proprietor	Book Shop
adi	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE 13b. COUNTY Mont Residence before Residence before Rockeville YES NO 6307 Here	ntoww La
14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	To so lost
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	ame as about
-	Ges WW II 212-03-4220Wy martha Carperter	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACVIE MYOCARDIAL INFARCTION SCHOOL	BETWEEN ONSET AND DEATH
	4109 DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	14DAYS
П	(a) CORDUARY ARTERIOSCLEROSIS	2 YEARS
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CATION	BENICA PROSTATIC 1-1 PERTROPHY BILAT, HYDRON 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dd. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	WIDERED IN CERTIFYING
CERTIFICA	YES 🗹 NO 🗆 CAUSES OF DEATH?	5
MFDICAL CE		em 18.)
ME	21d. INJURY OCCURRED While Not while at wark a	Caunty State
	22a. I certify that (I) (this hospital) attended the deceased from 2 3, 19 4, ta 2 7, 19 4 saw the deceased alive and 1 5 7, and that in (my) (our) apinion death accurred an the date causes stated abave, (I) (we) (did) (did not) view the bady after death.	that (1) (we) la e and haur and fram th
		ATE SIGNED
	22d PHYSICIAN'S NAME (Type) ROBERT G. ANGLE, M.D. 22e. ADDRESS 5009 DelRay Ave. Bethe	sda, Md.
230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
24	General Crematory Suitland, Pr.	
	FUNERAL DIRECTOR 7557ADDRIST SCONSIN AVOS RECUBIN REGISTRAR 256. REGISTRAR'S S	GNATURE
E	ROBERT A. PUMPHREY, Bethesda, Maryland DATEFEB 2 1 1969	les jurge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02538

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle and 2 deoth. Last 2a. DATE OF OFATH 2b. HOUR (Type or print) in by the funeral rs. Pages 1 and Month S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS lost birthdoy) FEMALE WHITE SP YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED X DIVORCED [MONT GOMPRU complétely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) carbon during most of working life, even if retired.) INDUSTRY event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? NO MARY and in any 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First UNKHOWN physicion of 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes, no. or unknown) [(If yes give war or dates of service) 106 884D removal 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gove) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES T NO | TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City ar Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram. 1967, to FA . 19 667, that (1) (we) last saw the deceased alive an____ 13 (1999), and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED LICHA DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS director, po should be f NAME (Lype) 23b. DATE 23d. <LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) CROSS CENETERY BROOKL 2Sa. REC'D BY REGISTRAR

VR A15 (4) 45M - 1/69

within 24 naurs after deoth

executed

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

in in

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02533

IF LINDER 1 YEAR

INDUSTRY

County

(County)

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

12b. KIND OF BUSINESS OR

RYAN

APPROXIMATE INTERVAL

10 months

Stote

(Stote)

BETWEEN ONSET AND DEAT

Lost

2b. HOUR

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CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle lost 20. DATE OF DEATH (Type or print) Februar Doy 13 Year Edmund CAWLEY A. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) Caucasian May 14, 1924 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Ohio USA WIDOWED | DIVORCED [7 Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress Hospital during anaphof working life, even if retired.) Bethesda 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER odmission) STATEMaryland 13b. COUNT Montgomery Bethesda Apt. 913, 3 Pooks Hill YES NO X 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Anthony J. CAWLEY ANASTASIA 17. INFORMANT Hill, Bethesda, Md Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no or unknown) 447-28-2227 Mrs. Marguerite Cawley, Apt. 913, 3 Pooks 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Rupture of left carotid artery IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Squamous Cell Carcinoma metastatic to neck rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work 220. I certify that (4) (this haspital) attended the deceased from June 19, 1968, to Feb. 13, 1969, that (4) (we) lost sow the deceased alive on Feb. 13, 1969, and that in (MX) (aur) apinion death accurred an the date and haur and from the causes stoted above, (4) (we) (did) said and) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Feb. 13,1969 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) P. MAJORS, M.D. Naval Hospital, Bethesda, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) 2-17-69 SANTA

VR A15 (4) 45M - 1/69

24. FUNERAL DIRECTOR

W. W. CHAMBERS CO. ADDRESS

1400 Chapin Street, N. W. Washington, D. C.

directar, page 3 shauld be filed v

risidan and completely filled in by the Tuneral please remaye carban papers. Pages it and 2

signed by the attending physician and burial-transit permit. Then please rem

"ours after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate_be-executed within 2.

attending |

O FUNERAL DIRECTOR: After this certificate has been

Page 4 may be retained by the haspital ar

death.

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as the

VR A15 30M REV.

23a. BURIAL (CREMATION, REMOVAL (Specity)

2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Cremater

23c. NAME OF CEMETERY OR CREMAJORY

(Caunty)

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FOR STATE HEALTH DEPT. DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death any delay is use execute the certificate, writing the ward "pending", in peticli in Item 18. Give Pages 1, 2, and 3 to xaminer's Office alang with farm PM3. Page O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Department of Health prior to burial, crematian, or removal, and in any event within 72 hours after death. necessary, please execute the certificate, writing the ward "pending", it the funeral directar. Page 4 shauld be farwarded to the Chief Medically 5 may be retained far yaur files.

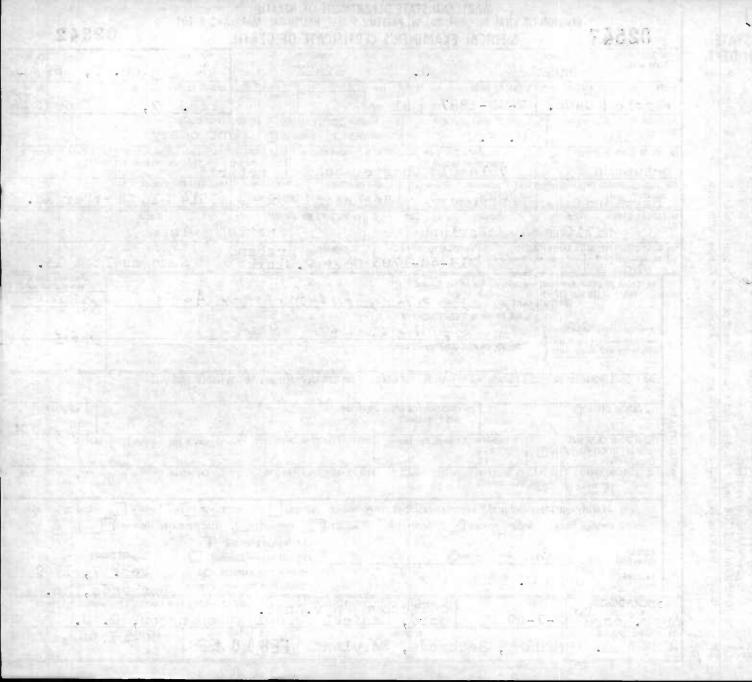
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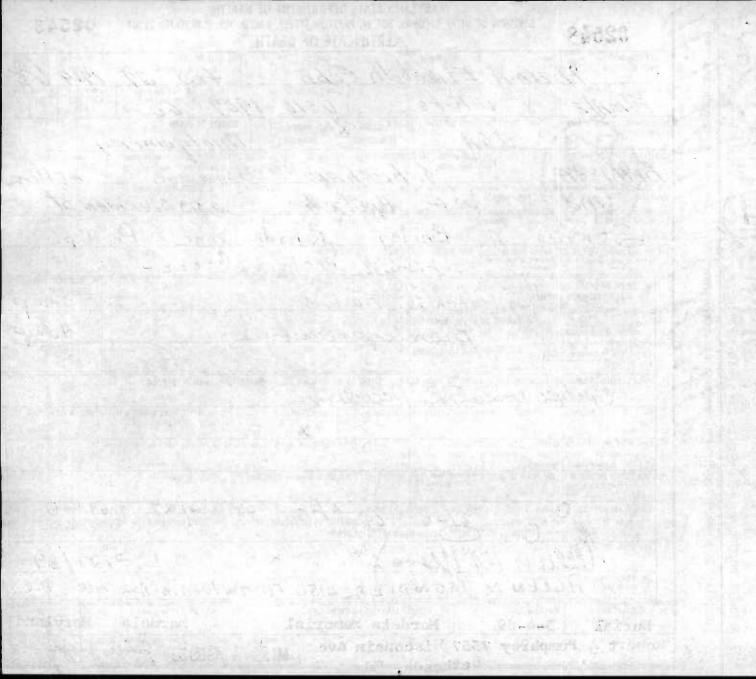
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		Type or Print)	First		Middle			Lost			20. DATE KNOWN Month	Doy Yeor	2b. HOUR
	,	The or time,	ROSA	LIE	J.		C	LARK			DEATH MATED Feb.	7, 1969	8 AM
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. /	AGE (In years		ER 1 YEAR	IF UNDER 2		2c. DATE PRONOUNCED DEAD		2d. HOUR
	F	emale	Cauc.	7-30-18	87	ost birthday) BL YR	MONTHS	DAYS	HOURS	MIN.	Feb. 7 Day	Yeor 1969	8 × M
	70. E	BIRTHPLACE (Stote	or foreign 7b	. CITIZEN OF WHAT CO		_		NEVER MAR	RIED	9. COU	NTY OF DEATH		1 1 1 1 1 1
	coun	try) Ohio		U.S.			OWED [CED [Mo	ntgomery		Md.
	_	ITY OR TOWN OF		11. NAME O	OF HOSPITAL OR	INSTITUTIO	N (If not in	n hospitol	12o U			12b. KIND OF BUSI	
0		ethesd		7514	oddress) Cl	hest	er R	oad	R	eti	working life, even if retired.)	INDUSTRY	
pres	130.	USUAL RESIDEN	CE (Where deceosed	lived, if institution:	Residence befo	73.00			INSIDE CITY L		13e. STREET AND NUMBER		
	- 00	mission) STATE Mary La	nd	134/COUNTY GOM	ery	Be	thes	da	YES 🔀 N	0 🔲	7514 Old Ch	ester I	Rd.
	14. F.	ATHER'S NAME	First	Middle	Los	it	1S. MOTI	HER'S MAID		First	Middle	Lost	
				W. McFar	land			100	Ane	tta	Clark		
		WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED FO		SOCIAL SECURITY		17. INFORM	AANT	Husb	and	ADDRESS		
	- (1	No	(it yes give wo	21	3-48-	1703	Ome	r W.	Clar	k	Same as	Item 13	3.
				one couse per line for	(o), (b), ond (c).)	200	100	1911	EDV-		APPROXIMATE BETWEEN ONSET	
		PART I. D	EATH WAS CAUSED I	BY: E CAUSE (o)	COSON	21-4	IIn	suf	5100	217 €	y Acote.	Sudde	
		410	4	DUE TO, OR AS A	CONSEQUENCE	OF							CART.
			ny, which gove	(h) C	Bardi	o Va	SC-6	1/25	Dis	542	5 42 .	years.	
	34		iote couse (o), (DUE TO, OR AS A									
		lost.)	(c)								55-15	
	13	PART 2. OTHER S	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED	TO THE TE	RMINAL DIS	EASE OR C	ONDITIO	N GIVEN IN PART 1(o)		
				HART -									
5	CERTIFICATION	190. DATE OF O	PERATION		CONDITION FOR		ERATION					20. AUTOPSY	?
-	TIFIC				WAS PERFORME	D?						YES 🗀	NO 🔀
ū		210. EXTERNAL		21b. TIME OF INJUR	Y Month, Doy, Y	eor	21c. HOW I	NJURY OCC	URRED (Ent	er notur	e of injury in Port 1 or Port 2, Ite	em 18.)	
9	MEDICAL	CAUSE OF DEAT	R CONTRIBUTING 📋	HOUR A.M. P.M.	19	,							
	ME	21d. INJURY OCC	URRED 21e. PL	ACE OF INJURY (At hon		,	21f. LOCATIO	ON Street o	R.F.D. No.		City or Town	County	Stote
8		AT WORK	T WHILE TOCTO	ory, office building, etc.	.)								
Ü		220. 1	certify that I too	ak chorge of the re	moins descri	bed abov	e. held a	n Auton	sv 🗀	Ins	pection , Inquiry	and in my	aninion
				Natural causes			Suicide		Homicide		Undetermined manner	Patitivation .	аринон
			- 0	Translat tabbas D		Ц,	Joiciac		MEDICAL				
		ACTUAL	John	m es. Ba	28		2563	10010	TANT MEDI			IGNED	
ò		SIGNATURE				-	Λ	H.D.	TY MEDICAL		THITLE	7. 196	59
		NAME (Type)	JOHN	G. BALL								da. Md.	
	23o.	NOKONC SEEMON	23b. D	ATE	-23c. NAME O	E CEMETER	COR FREM	AFORY A	m o +	23d.			ote)
	An	REMOVAL (Speciate Boa	(y) 50 2-7	-69	George Board	Me	dica	1 Sc	hoo!	TA	Mashington. D	, ,,	Street Street
	24.	FUNERAL DIRECTO	OR .		ADD	RESS			2So. REC'D	BY REG	ISTRAR 2Sh. REGISTRAR'S		
	RO	BERT A	. PUMPH	REY, Bet	hesda	, Ma	ryla	nd.	FEB	10	1969	in house	





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

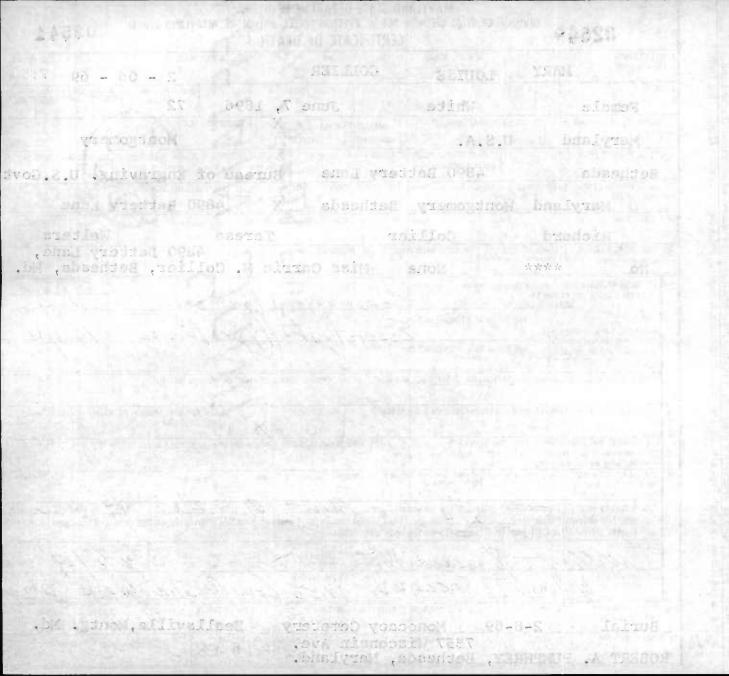
02549		CERTIFIC	ATE OF DEAT	H		025	44			
1. DECEASED-NAME First (Type ar print) MAF		iddle COI	LIER	2a. DATE O	Month - Do	5 - ^Y 659	2b. HOURA 7:50			
3. SEX Female	4. RACE Whit	e	5. DATE OF BIRTH June 7,	1896	6. AGE (In years loop birthday)	MONTHS OAYS	IF UNDER 24 HRS HOURS MIN			
7o. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTE	8. MARRIED WIDOWED	NEVER MARRIED X	9. COUNTY OF	DEATH Montgo	omery	M			
10. CITY OR TOWN OF DEATH Bethesda		PITAL OR INSTITUTION (IF n SS) Battery]	ot in hospitol 120.	USUAL OCCUPATION of most of working	(Kind of work done life, even if retired.) Engray	12b. KIND OF E	S.GOV			
13o. USUAL RESIDENCE (Where deceos admission) STATE Marylar	13b COUNTY	nce before 13c. City OR Bethe	TOWN 13d. INSIDE	CITY LIMITS? 13e. S	REET AND NUMBER 90 Batte					
14. FATHER'S NAME First Richard	Middle Co	lost	5. MOTHER'S MAIDEN NAI		Middle	Walte	Last			
160. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give w	var or dates of service)		NFORMANT iss Carri		4890 Abati					
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.	D BY: ATE CAUSE (a) DUE TO, OR AS A CONSE	Cozo QUENCE OF ZSSey	NARY T	hrom, Hyper,	bosis tonsion	BETWEEN ON	yks.			
PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN	NOTIONS CONTRIBUTING TO DE		THE TERMINAL DISEASE 20a. AUTOPSY? YES □ NO	20b. II	N IN PART 1(a) F YES, WERE FINDINGS (S OF DEATH?	CONSIDERED IN CE	RTIFYING			
OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the control of the contr	OF CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year P.M. 19 21d. INJURY OCCURRED While Nat while Nat while Nat while Nat while Nat while Nat while Cause of OFATH HOUR A.M. Manth Day Year 19 21d. LOCATION Street ar R.F.D. Na. (ity ar Town Caunty State									
22a. I certify that (I) (the saw the deceased a causes stated above	22a. I certify that (I) (this hospital) attended the deceased from August, 1959, ta 2/6, 1969, that (I) (we) last saw the deceased alive on 2/4, and that in (my) (will apply a pinian death occurred on the date and hour and fram the causes stated above, (I) (we) (did) (did will) view the body ofter death.									
22b. SIGNATURE Nullan 22d. PHYSICIAN'S	/	ich March	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	9			
NAME (Type) ////// 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. I	DATE 23c.	NAME OF CEMETERY OR	CREMATORY		ON (City or Town)	(Caunty)	(State)			

Proge 4 may be retained by the inaspiral of attention of business.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Monocacy Cemetery Bealls
7557ADWisconsin Ave25d. RECID BY REGISTRAR
Bethesda, Marylandonie B 10 1969 FUNERAL DIRECTOR PUMPHREY ROBERT



02550

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FICATE OF DEATH

					CKIIFI	CAIE OF	DEATH				
	EASED-NAME be or print)	First		Middle		Last		2a. DATE OF			2b. HOUR
(түр	e or print;	Jen	110	HARMEL		CONN		401	Month Day		4:01
3. SEX		0	4. RACE			5. DATE OF BIE	RTH	J	6. AGE (In/years	IF UNOER 1 YEAR	IF UNDER 24 HRS.
	TEMALE		WH	ITE		9-	4-91		lost birthdoy)	MONTHS DAYS	HOURS MIN.
7o. BIR	RTHPLACE (State or fore	ign 7b.	CITIZEN OF WH	HAT COUNTRY?	. MARRIED	NEVER MARI	RIED 9.	COUNTY OF	DEATH		
COOMING	2.6		0.5A	^ A	WIDOWED		CED 🗀	HONT	GOHERY		Md
10. CITY	Y OR TOWN OF DEATH		11. N/	AME OF HOSPITAL OR INST	TUTION (If	not in haspitol		CCUPATION	(Kind of work done		BUSINESS OR
11	4KOMA PAI	ek	- Wi	street address) ASHINGTON	SAN.	V HOSP,		ACH	life, even if retired.)	INDUSTRY 5014	4004
13o. US	SUAL RESIDENCE (Where				3c. CITY O		3d. INSIDE CITY LIMITS	? 13e. STI	REET AND NUMBER		
001111331	D.C		131. COUNTY		WASH	1.00	YES NO	223	18 CATHED	RAL AUE	: . H. W.
14. FAT	THER'S NAME First		Middle	Lost		IS. MOTHER'S MA	IDEN NAME First	- 0.5	Middle		Lost
		UL	NONE	HARMEL			Ro	SA	NONE	EFF	ENBACK
	/AS DECEASED EVER IN , no, or unknown) [(II		FORCES?	16b. SOCIAL SECURITY NO	17.	INFORMANT	0		Address	1	
	, , , , , , , , , , , , , , , , , , , ,		,	579-46-00	97	HOSPIT	TAL KI	EQER	DS, TAKON		
18	B. CAUSE OF DEATH (Enter only o	ne couse per lin	ne far (a), (b), and (d)	_		>	^	r //	APPROXI. BETWEEN O	MATE INTERVAL DNSCT AND DEATH
	PART I. DEATH WAS	JWWEDIALE (live	no	chim	, gorer	of Ci	retrel, of	eyther	l Ku
	401,9		DUE TO, OR F	AS A CONSEQUENCE OF		-	\$ 0	1 0	0	() .	()
	onditians, if ony, which ise to immediate cou		(b)	0	ng	whol	heart	four	my seve	u c	Tho
st	tating the underlying		DUE TO, OR A	AS A CONSEQUENCE OF	THE	Money	ydina	for h	Lalfred		0
-	ist.	,	(c)	9	La	10	ford of	hong	Lunghur	N. K.	· lay
P	PART 2. OTHER SIGNIFIC	ANT CONDITI	IONS CONTRIBU	TING TO DEATH BUT NOT	RELATED 1	O THE TERMINAL	DISEASE OR CONE	SHYTON GIVEA	JN PARK (a)		0
80	DATE OF OPENATION	1101 601	DITION FOR UNI					Time to			
CERTIFICATION	o. Date of operation	196. CON	DITION FOR WH	ICH OPERATION WAS PERF	ORMED	20a. AUTOP			YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	ERTIFYING
EKI	1o. ACCIDENT WAS UN	DEBLYING	Total Time of	LIMITON	I at a	YES _	NO 🗌			1.74	
	OR CONTRIBUTING CAU	SE OF DEATH	21b. TIME OF HOUR A.M.	Month Day Year	21c. F	IOW INJURY OCCU	JKKED (Enter na	ture at injur	y in Port 1 or Part 2,	Item 1B.)	
	f either, natify medical			19	01/3						
Ý	While Not while	21e. PLA	CE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	(Y.) 21f. L	OCATION Street	ar R.F.D. No.	City	or Town	County	Stote
at	wark at wark		11 11 11	1 1 1 1	,	7.6	10/.6	. 7	1 - 4	4.5	
1	20. I certify that	(I) (This h	aspitall affe	ended the deceased	fram_	d that in (my	1967	_, 10_ 	curred on the da	to and have	(I) (we) last
	causes stated	abave, (I	(we) (did)	(did not) view the bo	dy after	death.) (aoi) apinia	ii dediii d	ccorred an ine da	re and naur	and tram the
22	2b. SIGNATURE	4 -74	-0-	P In	A	ATTENDAN	/ 450		22c.	DATE SIGNED	
	9	0	100	reen, re	DEG	REE PHYS.	The manual	TOR -	PHYS. 0 2.	-26-	69
22	2d. PHYSICIAN'S NAME (Type)	ha	3141	NOLOHO	NI	PHYS. ADDR	ESS 8318	hiv	- Blod	Se	8 mu
23a B	URIAL CREMATION,	23b. DATE	1./	23c, NAME OF CE		4		3d. LOCATIO	N (City or Town)	(County)	(State)
Ri	EMOVAL (Specify)	Feb?	27,196°	9 HDAS LS	RAEL	Cem-et	ery	WH	SH. D.C.		
24. FU	14.	ERNAR	1.				2Sa. RIC'D BY RI	EGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	3501-1	46 94	" W. W.	WASH. D.C.			DATEMAR	3 190	30 1Chan	Par Vices	Late

VR A15 (4) 45M - 1/69

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the tunefol director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after-death.

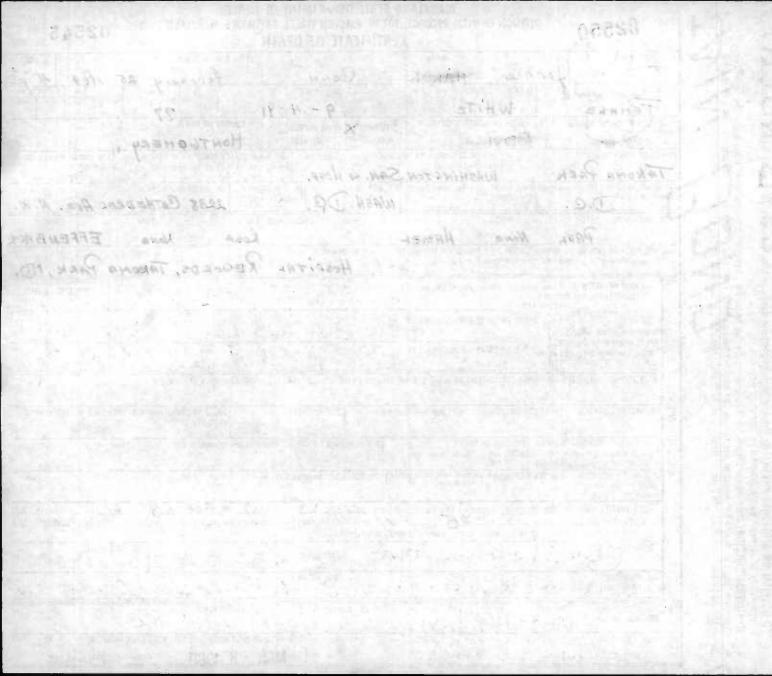
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

Page 4 may be retained by the hospital or attending physicion.

本十五

THE STATE OF

24 hours after deoth.



00001		CERTIF	ICATE OF DEATH							
1. DECEASED-NAME First	,	Middle	(D) Last	2a. DATE OF DE	ATH		2b. HOUR			
(Type or print)	97.6/	LINE	Copenhave	r	Month E	Day 1897	7 10 550M			
3. SEX	4. RACE	/	S. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
J.	W		10/6/188		last hirthday)	MONTHS DAYS	HOURS MIN.			
7a. BIRTHPLACE (Stote or foreign cauntry)	7b. CITIZEN OF WHAT COU	MAKKIE	D NEVER MARRIED DIVORCED	9. COUNTY OF DE	Trome	tV				
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTION (I	f nat in haspital // 12a USI	UAL OCCUPATION (KI	in of work done	A TISK KIND OF	Md. F BUSINESS OR			
Kockville	Petoma	c Valley Rd Y	Lleylisg, Hornaring r	most of working life	C-Emple	mont Age	ncij			
130. USUAL RESIDENCE (Where decease admission) STATE D. C.	136. COUNTY	sidence before 13c CITY	OR TOWN 13d. INSIDE CITY	13e. STREE	T AND NUMBER /		-			
14. FATHER'S NAME First	Middle AUGUSTUS	KLINE	IS. MOTHER'S MAIDEN NAME	2	Middle		Last			
				ביוועוד	ELIZAB		EYER			
Yes, na, ar unknown) (If yes give w			. INFORMANT	(20)	Address/	BTUMAR,	MD.			
			- WILLIAMK.	· CLYENH	AVER, 8	J20 WA.	POE TERR			
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), ond (c).)	5. 7			BETWEEN (ONSET AND DEATH			
	ATE CAUSE (a)	Hoperin	Jenen			1 / 4	v4			
1008	DUE TO, OR AS A CO	INSECRUENCE OF	11 4	-		0				
Conditians, if ony, which gave)	(b)	mejasia	us for le	va		0	mons			
stoting the underlying couse	DUE TO, OR AS A CO	INSEQUENCE OF	1.1.			1				
lost.	(c)	Car of	cocon			/	Jr.			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
NO 10 PAYS OF ORSALTION IN										
RIFIG	CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY? YES NO [CALISES OF		CONSIDERED IN C	ERTIFYING			
	E tot Time of Hisory	Y 21c.	HOW INJURY OCCURRED (Ent	er nature of injury in	Part 1 or Port 2	2, Item 18.)				
OR CONTRIBUTING CAUSE OF DEAT		th Day Yeor								
21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME OFFICE F	E, FARM, STREET, FACTORY.) 21f. BUILDING, ETC.	LOCATION Street or R.F.D. No.	o. City or	Town	County	State			
22a. I certify that (I) (th	is haspital) attended	the deceased from_	10/2,19	66, to	2/9/,1	9.67, that	(1) (we) last			
saw the deceased a	live an	9/_19670	nd that in (my) (aur) ap	oinian death acci	urred an the o	date and haur	and fram the			
	;, (I) (we) (did) (c) a	of) view the bady afte	r death.							
22b. SIGNATURE	n hi fr	mer In De	GREE PHYS.		TAFF 226	2 James Signed	169			
22d. PHYSICIAN'S NAME (Type)	8098 to	ChENN, JONE	= 22e. ADDRESS	leville	ma	111				
23a. BURIAL, (REMATION, 23b. I	2	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION ((County)	(Stote) Md.			
	12-1969	Fort Lincol			lanor, P	rince Ge	eorges Co			
24. FUNERAL DIRECTOR Gawler	s Sons, Inc.	, 5938 Wisc	· TACO	BY REGISTRAR	2Sb. REGISTRAR		dan			
N.W. Wash. D	.C., 20016		DATE	EB 1 3 19	69	inview la	Cap P			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physisting one completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

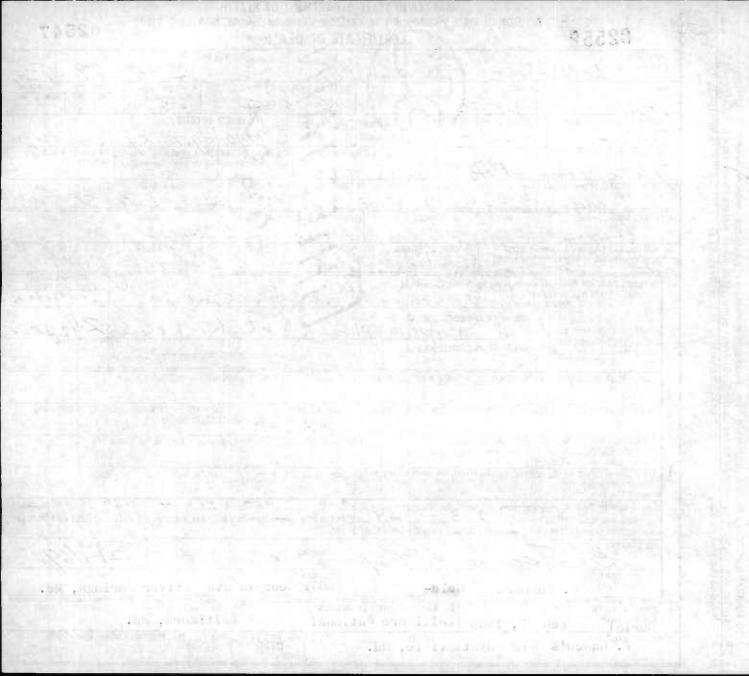
Page 4 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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± 2 ±	-		CEASED-NAME First		Middle		Lost	2a. DATE OF			2b. HOUR
e de la		(1	ype or print) LAWR	ENCE	7)	/	nx		Month _ 406	Y_ Green	1.55/2
EA.		3. SE		4. RACE		Is.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1 8 8	1		mnle	white	C		15-16-1	2	last birtheay)	MONTHS OAYS	HOURS MIN.
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ed appe	14.4	10 0	ITY OR TOWN OF DEATH	- /	OF HOSPITAL OR INST			LOCCUPATION	GOMEKY Kind of work done	12b, KIND OF	DITEMPESC OD
Mon di Hi	18	S.	IVER SPRING	give street		SS /40.			life, even if retired.)	INDUSTRY	DOSINESS OK
and completely filled remove carbon pape in ony event; within 7/	16	13o. admi	USUAL RESIDENCE (Where deceases ssian) STATE	ed lived, if institution: F	Residence befare	Blarler	YES NO	_	REET AND NUMBER	bx ST	204
d co	2	14. [ATHER'S NAME, First	Middle	Cost	15. M	OTHER'S MAIDEN NAME F	rst	Middle		Lost
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physician. signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Poburial, cremation, or removal, and in ony event, within 72 hours			WAS DECEASED EVER IN U.S. ARA ps, no, or unknown) (If yes give w		SOCIAL SECURITY NO		RMANT ()	or B	Padamo la	ury n	d
ph hen nov		1	18. CAUSE OF DEATH (Enter on	1.1.18				7			MATE INTERVAL
attending permit. Thion, or remo			PART I. DEATH WAS CAUSEI	D BY:	55em	inst	ed Co	rois	oma		ele Ma
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th the side of the			rise to immediate couse (a),	(b) DUE TO, OR AS A		of April	unci	(<			7
d by	5		stating the underlying cause	DUE TO, OK AS A (CONSEQUENCE OF						
gne gne vriol			PART 2. OTHER SIGNIFICANT COM	(t)	TO DEATH BUT NO	T DELATED TO TH	IE TEDMINAL DISEASE OD C	ONDITION GIVE	N IN PART 1(a)		
			PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT NO	I KELAIED IO II	IE TERMINAL DISLASE ORC	ONDITION GIVE	N IN PART I(u)		
tending tending s been as the prior to		NOIL	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	DED ATION WAS DED	EUDWED	20a. AUTOPSY?	206 15	YES, WERE FINDINGS	CONSIDERED IN C	EDTIEVING
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cate hor or or or or use	/	ERTI	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJU	IDV	21c HOW	INJURY OCCURRED (Enter	nature of iniv	nu in Part 1 or Part ?	Itam 10 \	
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ned 75:	3.5		causes stated abave	a, (I) (we) (did) (did	not) view the b	ady after dec	ith.	illuli ueulli	accorred all tile a	ule ullu lluul	and nam m
retained retained ECTOR: / 3 should with the			22b. SIGNATURE	-	01	2				DATE SIGNED	/
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	,		22d. PHYSICIAN'S				22e. ADDRESS				1
ERAL ERAL Dr. p	1		NAME (Type) G. I	eonard	Gold-		9801 Georg	ia ave	Silver S	prings,	Md.
Poge 4 may O FUNERAL director, pa	8	23a.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF C				ON (City ar Tawn)	(County)	(State)
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VR A15 0	1/3	24.	FUNERAL DIRECTOR Gasch's	Sons Hyat	ADDRESS	Md	2Sa. REC'D B	Y REGISTRAR	25b. REGISTRAR	SEGNATURE	A. S.
VR A15 (4 30M REV. 1	/68		r. dasch s	wons myat	cearrie,	PIU.	DATEFEE	(13	04		



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DIVISION OF		RTIFICATE OF DEAT	altimore, maryland 21201 H	02549	
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	00000		CER	HIFICA	IE OF DEATH			U	2043	3
	ECEASED-NAME	First ,	Middle		Last	2a. D/	ATE OF DEATH			2b. HOUR
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. 3		4. KALE	/	5.	DATE OF BIRTH					
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1	CITY OR TOWN OF DEATH	100				AL OCCUP				Md.
4	- V	0 +	give, street address)	4		ast of wa	rking life, even if r	etired)		BRIZINEZZ OK
1	ahoma 1	arn	Wash, Sani	8 1	OSP 13	1.01	7		IBA	7
do.	USUAL RESIDENCE (Where of	deceased lived, if in	stitution: Residence before 13c.	CITY OR TO			3e. STREET AND NUM	ABER	AP"	1.302
al re	marylan	Pro	ner Georges N	atts 1	IIIP YES NO		523 M	adi	zon	St
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	18. CAUSE OF DEATH (En	ter anly ane cause	per line for (a), (b), and (c).)	4.4					APPROXIA	MATE INTERVAL
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	Canditions if any which		() 1/	110	- 1).				0	
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			OR AS A CONSEQUENCE OF							
	last.									
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RE	LATED TO TI	F TERMINAL DISEASE OR C	ONDITION	GIVEN IN PART I(n)			
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0	190 DATE OF OPERATION	195 CONDITION FO	D WHICH ODEDATION WAS DEDUCTED	AED	20- AUTODOVO		OL IE MEE MEDE EIN	IDINIOS CON	CIDEDED III CO	D.T.I.C.W.
Š	170. DATE OF OPERATION	170. CONDITION FO	K WHICH OPERATION WAS PERFORE	VED				IDINGS CON	ZIDEKED IN CE	RIIFYING
=										
				21c. HOW	INJURY OCCURRED (Enter	r nature a	f injury in Part 1 ar	Part 2, Iter	m 18.)	
5				100						
ME	214 INTUDY OCCUPPED			21f 10CA	ION Street or RED No.		City or Town		County	State
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	22b. SIGNATURE	1	00	1	ATTENDING - M	AFD	C STAFF C	22c. DA	TE SIGNED	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 45M - 1/69

23b. DATE 23 tes. 1400 GEORGESSA ANE. N. W. WASHINGTON DC. 20012 PINALDI TUNERAL HOME TO.

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MARYLAND STATE DEPARTMENT OF HEALTH

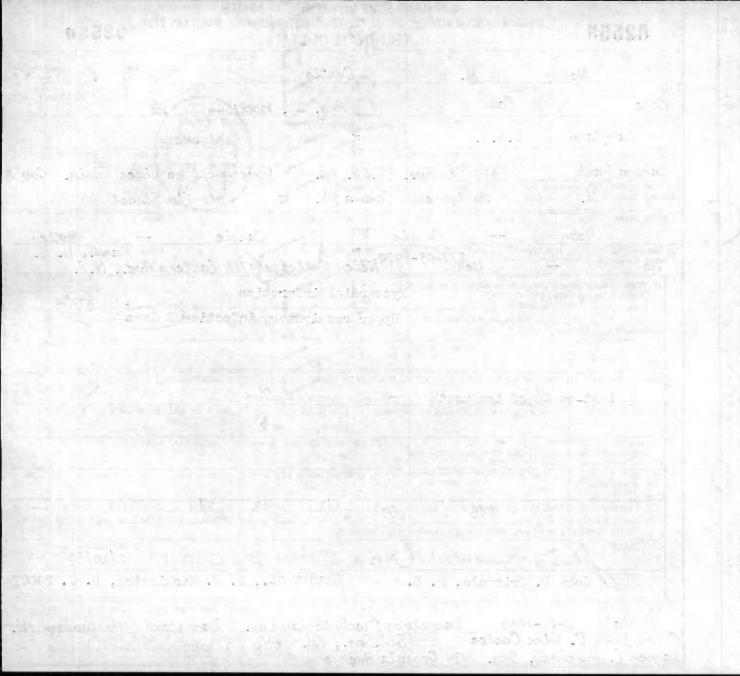
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	ECEASED-NAME	First		Middle	1146	Lost	20	. DATE OF		100		2b. HOUR
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B. SE			4. RACE		S	DATE OF BIRTH			6. AGE (In years	s I IF UN	NDER 1 YEAR	IF UNDER 24 HRS
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o. I	BIRTHPLACE (Stote	or foreign	b. CITIZEN OF WHAT	COUNTRY?	B. MADDIED -	NEVER MARRIED		UNTY OF		TKJ.]		
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	Conditions, if on		(b)									
	stoting the und	erlying couse	DUE TO, OR AS A	CONSEQUENCE OF								
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	PART 2. OTHER :	IGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO 1	HE TERMINAL DIS	EASE OR CONDI	TION GIVEN	IN PART 1(o)			
2	P	st-op C	A of the	mouth .	~ ~	verv	Menk &					
CERTIFICATION	19o. DATE OF OPE	RATION 19b. CO	ONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20o. AUTOPSY?			YES, WERE FINDI	NGS CONSID	ERED IN C	ERTIFYING
FEC	8 8 9 9	100			YES NO 🔀				OF DEATH?			
CEK	21o. ACCIDENT V	VAS UNDERLYING	21b. TIME OF INJ	IIRY	21c HOW	INJURY OCCURRE		re of injun	v in Port 1 or Po	et 7 Itam	10.1	
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. M	onth Doy Yeor	210. 1101	INSURT OCCURRE	D (Line non	ie or injury	y iii roti i oi ro	AT Z, ITEIII	10.)	
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	21d. INJURY OCC While Not w	URRED 21e. P	LACE OF INJURY (AT A	CE BUILDING, ETC.	RY.) 21f. LOCA	TION Street or	R.F.D. No.	City	or Town	Cor	unty	Stote
	While Not wat work of w	ork 🖳										
	22a. I certify	that (I) (this	haspital) attend ve an (I) (we) (did) (did	ed the deceased	fram	5/1	_, 1963	, ta_2,	/9	, 19.69	$_$, that	(I) (we) las
	saw the	deceased aliv	/e an/		and i	hat in (my) (4	our) apinian	death a	ccurred an th	ie date ai	nd haur	and fram the
		tated abave,	(1) (we) (ala) (ala	nat) view the bo	idy affer de	atn.						
	22b. SIGNATURE	1.0	N. Id.	ward	hat	ATTENDING	MED.		STAFF PHYS.	22c. DATE :	SIGNED 10/69	
	and pulvererand	form									-	
	22d. PHYSICIAN'S NAME (Type	John I	. Griswol	d, M. D.		4830 RHV	St., N	. W.	Washing	gton,	D. C	. 20007
30.	BURIAL, CREMATI			23c. NAME OF CE					N (City or Town)		ounty)	(Stote)
	REMOVAL Specific	4	2-1969		on Pres	byteria	n Cen.	Da	rustown	Mo	ntan	mery Md
12	FUNGERAL PREFUTO	5 C. Gl	en Carter	ADDRESS	il Spi	Md 250.	REC'D BY REG	ISTRAR	25b. REGIST	RAR'S SIGN	ATURE	1
Uh	AMOR S	Dumphro	11 940 8	11311 Ganto	in A.	DAI	FEBI	. 6 19	189 XC	adopted)	By You	der.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in the eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A13



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME death. 20. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours ofter death in and completely filled in by the funeral se temory, carbon papers. Pages 1 and (Type or print) Month -1400 N on papers Pages 1 within 72 hours after 3. SEX S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOURS 904 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [Montgomery WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Potomac during most of working life, even if retired.) INDUSTRY Lowyer d in ony event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle LRene the ottending physician sit permit. Then pleuse 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no or unknown) (If yes give war or dates of service) cremotion, or removo APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-transit rise ta immediate cause (a), signed by t DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) offending as the prior to t TO FUNERAL DIRECTOR: After this certificate hos been 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe NO [Heolth YES 🗀 be retained by the hospital or OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 5 (If either, notify medical examiner) P.M 21d. INJURY OCCURRED director, page 3 should be detoche should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark of work 22a. I certify that (I) (this hospital) attended the deceased fram 17-28 1965 to 2-23-6 _19<u>69</u>, and that in (my) (aur) opinian death accurred an the date and haur and from the saw the deceased alive an 2 - 2 3 causes stated abave, (+) (we) (did) (did) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS (ME (Type) 209 Viers 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) Burial (Specify)

Gate of Heaven

sconsin Ave

250 REC'D BY REGISTRAR DATE EB 2 6 19

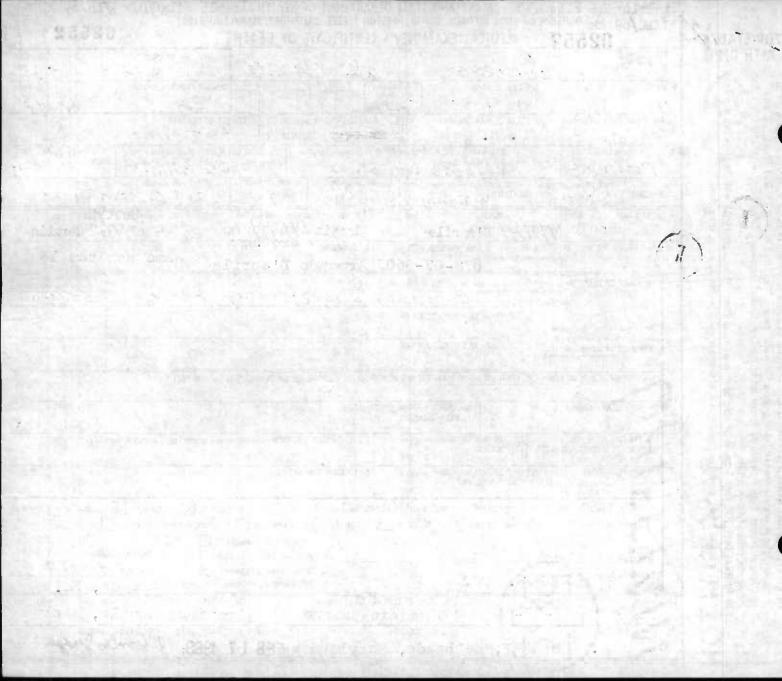
Silver Spring Mont. Md

2Sb. REGISTRAR'S SIGNATURE

2-26-69

MAN TO SEE AND THE SECOND OF THE LAND OF THE LAND Tele 23 1904 K Rackwille Blomes Walky Harring Home Tunger Your planty was y startly &

1 1	Lte	ms14 & 5 Film G to MARYLAND STATE DEPARTME 10/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREE	NI OF HEALIN ATOMES FILMGALO 3/	14/09 KK
CTATE/12	3,	10/69 RE DIVISION OF VITE RECORDS, 301 W. PRESION STREET	ICATE OF DEATH	2552
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ath pages 1 ith farm State D	10. C	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not i	in hospitol 12a. USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
Give Pages ang with far the State of the State		1002010101	17. House 13viloler-	Building
+ 0 - 0		SUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 2208 Colston	Deille -
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haurs Jand?	14. F		THER'S MAIDEN NAME First Middle Myrthia Zia (V/h/L/h/d/y/h/)/ De V/u/t/h	AS Lost
4 = 2. 2 2	1/- 1	Paolo 1997/19 D'Aprile Graz AS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFOR	Dana da la casa	77 Hattis
		i, na, ar unknawn) (If yes give war or dates of service)	mani Somo oc	Item 13
Exan File 72			ando b aprile	APPROXIMATÉ INTERVAL
be executed "pending" in lief Medical E insit permit. Fevent within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary. Immediate CAUSE (b)	sufficency Acute -	Sodd-7
e execut pending' ef Medico sit permi		4/1. 9 IMMEDIATE CAUSE (o) COTON 219-211		
"per e		Conditions, if any, which gove		
ward ward the Ch rial-tra		rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
5 > # 15 6	10	(c)		
ate g th ed 1 and and	9	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
This certificate icate, writing the forwarded the be used as a ar remaval, and	NOI	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION		20. AUTOPSY?
s certification of the control of the certification	CERTIFICATION	WAS PERFORMED?		YES TO NO TX
Tr be be	CERT		INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	n 1B.)
INER: 1 e certific shauld k files. 3 shauld artian, a	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
	MED	1d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCAT	FION Street or R.F.D. No. City or Town	Caunty State
		WHILE NOT WHILE at work AT work AT work		
please execution of the control of t		22a. I certify that I taak charge of the remains described above, held	an Autapsy 🔲, Inspection 🔀, Inquiry 🔏,	and in my opinion
e exector of the form of the f		death resulted fram: Natural causes 💢, Accident 🔲, Suicid	de 🔲, Hamicide 🔲, Undeterm i ned manner 🗌	
please e directar retained DIRECT ar ta bu		ACTUAL Of 500	CHIEF MEDICAL EXAMINER	
Y, Py, Py, Py Al		SIGNATURE John J. Bell	.M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	9,1969 -
o DEPUTY necessary, pre funeral s may be re c realth prior		EXAMINER'S NAME (Type) JOHN G. BALL	ADDRESS(Street, city, town, or county) Bethesd:	
o D D The the S m S m Heal	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CRE		County) (State)
TO DEPUT necessor the fune 5 may b TO FUNER Health		REMOUNAL (Specify) 2-25-69 Cimitero Rat		
		UNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
VR A15ME (5) 10M REV, 1/68	RO	BERT A. PUMPHREY, Bethesda, Maryl	and DAFEB 17 1969 Juliane	of Judge
	-			



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours affer death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 30M REV. 1/68

	112558		CERT	IFICATE OF DEATH		
	ECEASED-NAME Firs		Middle	Last	2a. DATE OF DEATH Month	Doy Years 2b. HOUR A
	Vivia	in I	mogene	Davis	February	6° 1969 11:10M
3. SI	X	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	Female	White		22 February		YRS. Marins DAYS HOURS MIR.
7D.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. MAR	RIED X NEVER MARRIED	9. COUNTY OF DEATH	
	eorgia	USA	WIDO	WED DIVORCED	Montgom	ery Md.
10. (TITY OR TOWN OF DEATH Bethesda	give stre	of Hospital or Institution et oddress) Clinical Ce	during m	AL OCCUPATION (Kind of work do ost of working life, even if retire Housewife	
13a.	USUAL RESIDENCE (Where decersission) Georgia	ased lived, if institution 3b. COUNTY	: Residence befare 13c. Cl	TY OR TOWN 13d. INSIDE CITY L		R
14.	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First Middl	e Lost
	Paul		Hawkins	Netti		Humphrey
160.	WAS DECEASED EVER IN U.S. AF 'es, no, or unknown) (If yes give NO	RMED FORCES? war or dates of service)	b. social security no. Not Available	17. INFORMANT Bethe The Medical	sda, Maryland Records, The Cl	20014 inical Center
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line ED BY: MATE CAUSE (o) Gran	for (o), (b), and (c).) n negative so			BETWEEN ONSET AND DEATH 12 Hours
	Canditions, if ony, which gave rise to immediate cause (o)	(b) Meta		ocarcinoma of t	he breast	10 Months
	stoting the underlying cause lost.	DUE TO, OR AS A	A CONSEQUENCE OF			
			G TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CERTIFICATION	19a. DATE OF OPERATION 199	. CONDITION FOR WHICH	OPERATION WAS PERFORME	D 20o. AUTOPSY? YES NO	CALISES OF DEATHS	Yes
	21a. ACCIDENT WAS UNDERLY			Plc. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Po	rt 2, Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DE (If either, natify medical exon		Month Doy Yeor			
ME			HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No	ı. City ar Town	Caunty State
	22a. I certify that (4) (1	his haspital) attendalive an 6 Febrary, (b) (we) (did) (d	ded the deceased from cuary 1969 days view the bady o	n 17 January , 19_ ., ond that in (xxx) (our) op ifter death.	69 , ta6 Feb , inian death occurred on th	, 19 <u>69</u> , that xix (we) last e dote ond hour and fram the
	22b. SIGNATURE	marel In	an log W	DEGREE PHYS	MED. STAFF	22c. DATE SIGNED 6 February 1969
	224 PHYSICIAN'S		ayes, M. D.		Clinical Centers of Health, Be	thesda, Md. 2001
		. DATE 2/7/69	23c. NAME OF CEMETER Memory Gar		23d. LOCATION (City or Town) Rome, Georgi	
24.	FUNERAL DIRECTOR		Washington,	D C 2So. REC'D I	BY REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE
Jo	s. Gawler's So	ons. 5130 V			10 1969 xch	anles Judges:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02554 82559 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR death. Pages 1 and (Type ar print) 18 N He 4 RACE 3. SEX S. DATE OF BIRTH IF UNDER TYEAR 6. AGE (In years IF UNDER 24 HRS. physician and campletely filled in by the last birthday) hours requires that the death certificate be executed within 24 haur 7a. BIRTHPLACE (State or foreign COUNTY OF DEATH 8. MARRIED NEVER MARRIED carban papers. country) WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired by give street address) with y aton ony event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE remave 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First 5 please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war ar dates of service) Yes, no, ar unknown) 061-10-14601 the attending phy sit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH PHEUMONIA cremation, Canditions, if any, which gave burial-transit GENERALIZED ARTERIOSCLEROSIS rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been PSYCHOSIS DECUBITUS ULCERC 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? use YES [af Health O HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed from _______, 1960, ta FEB 25, 1969, that (I) (we) last saw the deceased alive on FEB 25, 1969, and that in (my) (eur) opinian death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page 3 DEGREE DIRECTOR 1015 SPRING 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) EDWARD BEEMAN SILVER SPRING 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) LINCLON BLADENS BUR 24. FUNERAL DIRECTOR ADDRESS. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochanles & DATEFEB 1969

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	10500	·	301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH	MURE, MARTLAND 21201	02555
	DECEASED-NAME First (Type or print) Evere	Middle	Lost Delph	2a. DATE OF DEATH Month Do	2b. HOUR
3. 9	male	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost-birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
3 70		b. CITIZEN OF WHAT COUNTRY?	1/31/10 8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
S cor	untry) Kentucky	USA	WIDOWED DIVORCED	Montgomery	Md.
	CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL OR INST	TITUTION (If not in haspital 120. USUA Cross Hospital Using mg	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Oil Co.
13c	n. USUAL RESIDENCE (Where deceosed mission) STATE $ m Md$.	lived, if institution: Residence before 13b. COUNTY Mont.	13c. CITY OR TOWN 13d. INSIDE CITY LIP Sil.Spg. YES NO	13e. STREET AND NUMBER 1215 Brant	ford Ave.
14.	FATHER'S NAME First John	Middle Last Delph	1S. MOTHER'S MAIDEN NAME FI	111.06.00	AFPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I HOUR SOME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I HOUR NSIDERED IN CERTIFYING TO A VE SS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I HOUR INDEFINITE OUNTY State G. 7, that (1) (we) last and hour ond from the ME SIGNED Spring, Md. ((county) (State)
16	o. WAS DECEASED EVER IN U.S. ARMED	or dates of service) 16b. SOCIAL SECURITY N 401-01-238		Address 1218 Brant	ford Ave.SS
y Moore	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDI	DUE TO, OR AS A CONSEQUENCE OF (b) CORONAR DUE TO, OR AS A CONSEQUENCE OF (c) ARTERIO	YOCARDIAL II EY TITROMBOS SCLEROTIC HEA IT RELATED TO THE TERMINAL DISEASE ORCO	r DISEASE	BETWEEN ONSET AND DEATH / // U/C
CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY? YES \(\square\) NO \(\square\)	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MFDICAL CER	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Manth Day Year P.M. 19		noture of injury in Port 1 or Part 2,	Item 18.)
W	While Not while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		City ar Town	
3	22a. I certify that (1) (this saw the deceased aliv causes stated abave,	haspital) attended the decease ve on1' (I) (we) (did) (did not) view the b	d fram	nian death occurred on the d	O
	22b. SIGNATURE	7 - 70 -	DEGREE PHYS. M	ED. STAFF 22c.	DATE SIGNED / 23/69
1		e D. Marcus M.D.			- Sp
1	AND THE ASSAULT OF THE	7-1969 Salem	EMETERY OR CREMATORY Church Cemetery	23d. LOCATION (City or Town) Romney, West	Virginia 🐪
24		and Address ADDRESS ADDRESS George	gia Avenne DATE	Bregistran 1969 REGISTRAN	S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN (Type ar Print) DAVE DENABURG OF ESTI 2 deloy is and 3 to DEATH MATED Page IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 3. SEX pup MONTHS HOURS Male 11-17-1907 PM3 Departm White 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED form countrie Baltimore Montgomery USA WIDOWED [DIVORCED [Give Poges with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress) 8103 Eastern Ave. during most of working life, even if retired.)
Retail Store Ow ner Silver Spring 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death. 13b. COUNTY Montgomery admission) STATE Md. YES X NO 8103 Eastern Avenue in Item 18. Sil Spg hours ond 2 Office IS. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME First Denaburg Frieda Israel 24 hours poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes pa, or unknawn) (If yes give war ar dates of service) unknown Bertha Denaburg, same as 13 above File .⊆ within 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b) permit. the Chief Medical "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CONSEQUENCE OF A DUF TO buriol-transit Conditions, if any, which gave rise to immediate cause (a), writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SO removal. CERTIFICATION used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate. pe 4 should be ō 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 should HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING SICAL EXAMINER: cremotion, PM CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Poge foctory, office building, etc.) WHILE NOT WHILE T burial, 22a. I certify that I took charge af the remains described oboye, held an may be retained for FUNERAL DIRECTOR: Autapsy Inspection funerol director. Natural causes Suicide Undetermined manner retained deoth resulted from: Accident Homicide **ACTUAL** 22b. DATE SIGNED SIGNATURE O DEPUTY **EXAMINER'S** Health NAME (Type) the 5 0 23a. BURIAL, CREMATION LOCATION (City or Town) 23b DATE REMOVAL (Specify)
Burial Feb 17, 1969 National Memorial Park Falls Church, Va. 24. FUNERAL DIRECTOR

VR A15ME (5) 10M REV. 1/68 Goldberg Funeral Home

25g. REC'D BY REGISTRAR

4217 9th Street N.W.

25b REGISTRAR'S SIGNATURE

(Caunty)

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1969

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02563 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH and 2 death. Last 2b. HOUR (Type or print) by the funeral Louis Diamer February haurs after 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR White Male lost birthdoy) HOURS Dec. 6. 1885 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED papers. hin 72 ha country) Wash DC USA Montgoery WIDOWED | DIVORCED [filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR during most of working life, even if retired.) carban W Real Estate campletely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before event 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Contgomery Silver SpringYES & NO [2102-Forest Glen Road remave crematian, ar remaval, and in any 14. FATHER'S NAMI Middle IS. MOTHER'S MAIDEN NAME First Lost Charles Caroline lease physician cate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yeshoo, or unknown) (If yes give wor or dates of service) 0 577-03-6979 Rosa Houck Dismer Porest 2102 requires that the death certi attending permit. The 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE (AUSE (a) Conditions, if any, which gove) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been priar ta OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health Use YES TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year af (If either, notify medical examiner) P.M. detached Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while State 22a. I certify that (I) (this haspital) attended the deceased from 196 2 to 2016 shauld be sow the deceased alive on 19 and that (my) (our) opinion deoth occurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated obave, (t) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED O HOSPITAL 4 may PHYSICIAN'S NAME (Type) John S. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BEMOVAL (Specify) Rock Creek Cemetery Washington. ADDRESS Sil. Spr., Md. PEB DBY 4EGISTEARS 25b, REGISTRAR'S SIGNATURE VR A15 (4 consisted the same Pumphrey. Inc. 8434 Georgia Ave. 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH

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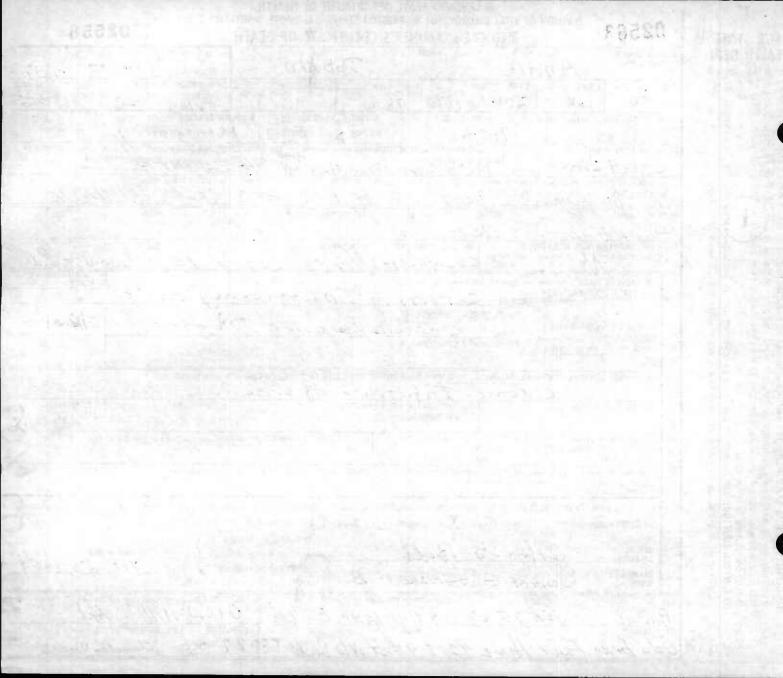
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STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02558 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle 20. DATE KNOWN Month Dov 2b. HOUR Уеог (Type or Print) OF ESTI-DEATH MATED 6. AGE (In years 2d. HOUR 5 30 M 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX last birthday) 98 YRS 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH glong with form Montgomery WIDOWED DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done e street address) 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUSTRY ing Yorsing 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before 134, CITY OR PASE 136. COUNTY Lellelle 24 hours Office Jond 2 ofter in Hem Last 15. MOTHER'S MAIDEN NAME hours poges 4 should be forwarded to the Chief Medical Examiner/S 160. WAS DECEASED EVER IN U.S. ARMED FORCES? in pencil 16b. SOCIAL SECURITY NO be executed within (Yes, no. or unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: COTODAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gave Cardio Vascular Diseas rise to immediate couse (o), This certificate should execute the certificate, writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 Chronic Infiltrate of Lungs removol, nsed 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? NO X 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) moy be retoined for your tiles. FUNERAL DIRECTOR: Poge 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinian the funeral director. Natural causes Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE O DEPUTY 5 moy to FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) ESTI-Edward Dodd James 19 DEATH MATED 3. SEX 4. RACE 6. AGE (in years IF UNDER 1 YEAR S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR last_birthday) Male Cauc 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (Guntry) England Montgomery Canadian WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) Silver Spring Cross 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY Montgomery Wire .Spg 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME Middle Last Dodd Dodd Mark Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Perrywood Dr. Burtons Alan Dodd no APPROXIMATE INTLEVALE 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (a). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) FUNERAL REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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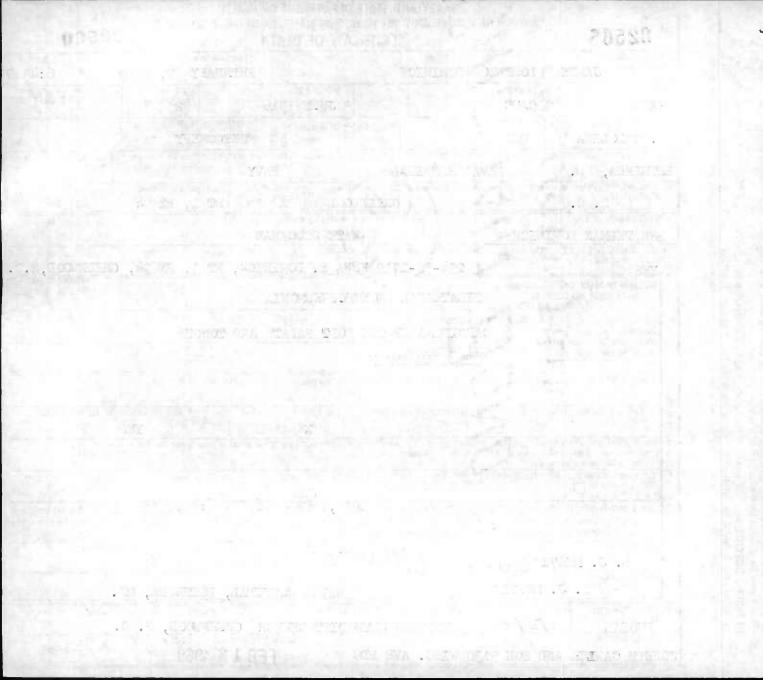
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cachon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death

to Hospital or attending physician: The low requires that the death certificate be executed

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH First Middle Last 2g. DATE OF DEATH 2b. HOUR TO 1. DECEASED-NAME (Type or print) February Month Muriel Mae Drew 2:15 M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years AF LINDER 1 YEAR IF LINDER 24 HRS. last birthday) 10 January 1921 Female. White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED New York USA DIVORCED [7] Montgomery WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address The Clinical Center, NIH during most of working life, even if retired.)
Housewife INDUSTRY Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER admissian) STATE Virginia 7405 Venice Street Falls Church 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Arthur McGuire Mary Aldrich 17. INFORMANT Bethesda, Maryland A20014 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yesping ar unknawn) (If yes give war or dates of service) The Medical Records, The Clinical Center, 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). BETWEEN GINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema and Respiratory Arrest 30 Minutes DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Islet Cell Carcinoma of Pancreas 2 Years Canditians, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? Yes YES X NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased from 18 December 19.68, to 26 Feb., 19.69, that XIX (we) last saw the deceased alive an 26 February 19.69, and that in (xxx) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (dick pat) view the bady after death

22b. SIGNATURE 22d. PHYSICIAN'S

DEGREE

STAFF PHYS.

22c. DATE SIGNED 26 February 1969

22e. ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. 20014

23a. BURIAL CREMATION. Tran-Burial

NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Moravian Cemetery 23d. LOCATION (City or Town)

(State) (County)

O FUNERAL DIRECTOR: After this certificate director, poge should be filed

1102 Broad St 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR Falls Church Funeral Home Falls Church Va.

Phillip Gorden, M.D.

Staten Island.NY 2Sb. REGISTRAR'S SIGNATURE Villander Jugar

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Tilled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages and 2 shauld be filed with the State Dept. af Health prior ta burial, cremation, or removal, and in any event, within 72 haves after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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7	3. SE	Male	4. RACE			May 7,			6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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who		22a. I certify that (I) (saw the deceased causes stated aba	this haspital) ottende alive an ve, (1) (we) (did) (did	4-	904, and	thot in (my) ath.	, 19 (our) apinia), ta n death oc	curred on the	19 <u>69</u> , that date and hour	(I) (we) last ond from the
hody		22b. SIGMADURE Leslus	to Har	ris Mr	D, DEGREE		MED. DIREC	TOR 🗆	STAFF PHYS. 222	C. DATE SIGNED	69
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7	-30	REMOVAL (Specify) 1 2.	D. DATE -13-1969	3t. Li	ncoln C	emeteri	1	Suitla		(County) Geos.	(State) Md.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	DECEASED-NAME Fil (Type or print)	rst Middle	Edwards	20. DATE OF DEATH Month Day Year 43					
3. 5	Timak	4. RACE Wh.	S. DATE OF BIRTH	6. AGE (In years IF UNDER YEAR IF UNDER 24 In the state of the s					
70.	BIRTHPLACE (Stote or foreign untry)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED	COUNTY OF DEATH MONT:					
10.	CITY OR TOWN OF DEATH SILVEL Sprii	11. NAME OF HOSPITAL OR IN		OCCUPATION (Kind af wark done to f warking life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY					
13d odr	. USUAL RESIDENCE (Where deconission) STATE Md	eosed lived, if institution: Residence before 13b. COUNTY Month.	13c. CITY OR TOWN 13d. INSIDE CITY LIMIT Silver Spring YES X NO [The state of the s					
14.	FATHER'S NAME First Ch A	Middle Last les Clayton Eo	IS. MOTHER'S MAIDEN NAME Firs	t Middle Lost ANN Blain					
	yes, no, or unknown) (If yes gr		NO. 17. INFORMANT mothe	Address					
	PART 1. DEATH WAS CAL IMME Conditions, if ony, which gov	DUE TO, OR AS A CONSEQUENCE OF	they Wisher	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH					
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W	While Not while	10. PLACE OF INJURY (AT HOME, FARM, STREET, FA		City or Town County State					
220. I certify that (I) (this hospital) ottended the deceased from saw the deceased alive an 195, and that in (my) (our) opinion death occurred on the do causes stated above, (I) (we) (did) (did not) view the bady after death.									
	22b. SIGNATURE DEGREE ATTENDING MED. STAFF 220 DATE-SIGNED DIRECTOR PHYS. DIRECTOR PHYS.								
	22d. PHYSICIAN'S NAME (Type) Raymond Gibbons M.D. 22e. ADDRESS 2401 Blueridge Ave. Wheaton, M.D.								
	Burial (Specify)	2/8/69 Gate	of Heaven Cemetery	23d. LOCATION (City or Tawn) (County) (State) Silver pring, Md.					
24 T	funeral director yson Wheeler	Funeral Home 1331	Rockville Pike F	REGISTRAR 3 1969 REGISTRAR X SUGNATURE JAMES					
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2Sb. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02569 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH First Middle 2b. HOUR (Type or print) Month Dov S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MONTHS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED 2 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (King of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Medical DHUSICIAN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY NO Wheaton Connecticut Avenue 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Unknown (Unknown) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 105-26-4008 Conn. Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPS CAUSES OF DEATH? YES [NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work ot work 220. I certify that (1) (this hospital) attended the deceased from. sow the deceosed olive on_ and that in (my) (ass) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did view the body ofter deoth 22b. SIGNATURE 22c. DATE S/GNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN 22e ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Lincoln Crematory Suitland. Prince Georges.

ADDRESIL. Spr. Md. 250. REC'D BY REGISTRAR

SE P

Inc. 8434 Georgia Avenue

O FUNERAL DIRECTOR: After this certificate director, page 3 should be filed v VR A15 (4) 30M REV. 1/68

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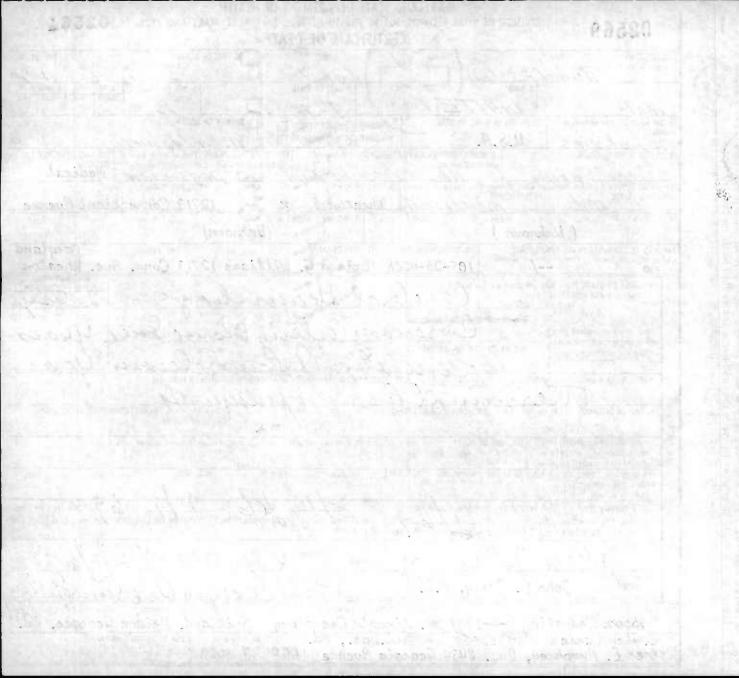
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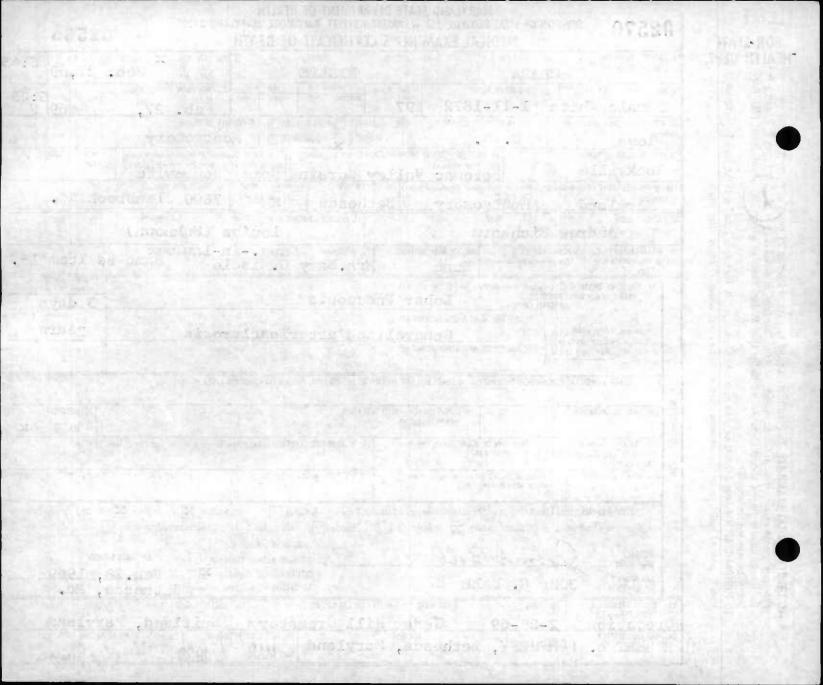
cremation,

burial

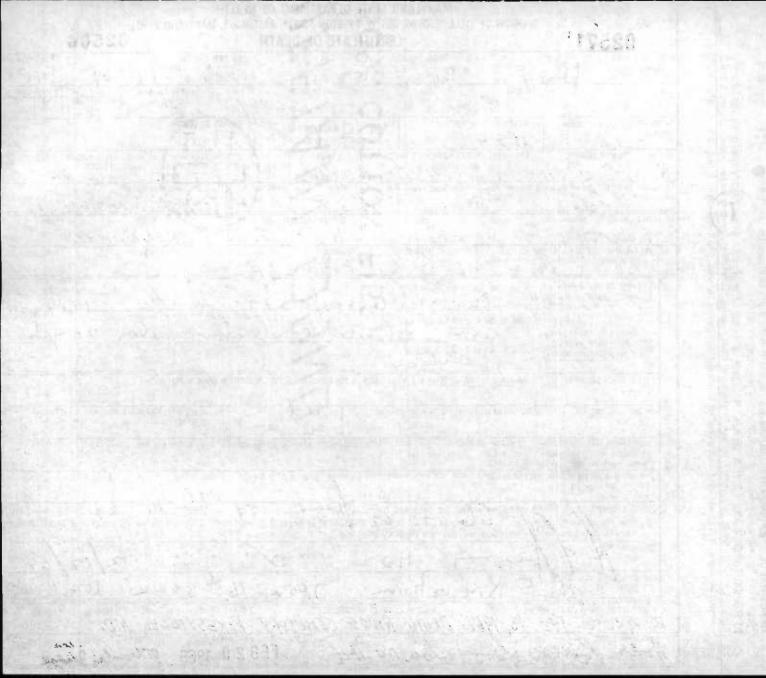


Total Control

MARYLAND STATE DEPARTMENT OF HEALTH 02570 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02565 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. 1. DECFASED-NAME First 2a. DATE KNOWN Middle Last Month Day Yeor (Type or Print) OF ESTI-DEATH MATED Feb. 27,69 CLARA EISELE de of deloy and 3 t Deportment 4. RACE S DATE OF BIRTH 6. AGE (In years LE HINDER I YEAR IF LINDER 24 HRS 2c. DATE PRONOLINGED DEAD and 3 PM3. Female White 1-11-1872 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country lowa with form Poges 1, U. S. DIVORCED | Montgome ry State (10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Rockville Potomac Valley Nursing Home Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Montgomery 7800 Glenbrook Rd. YES NO Bethesda ofter IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Louisa (Unknown) Andrew Eichhorn 24 in Examiner's pages hours pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Daug. - in-law ADDRESS be executed within Item 13. Same as (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Mary C. Eisele None File APPROXIMATE INTERVAL ⊆. within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lobar Pneumonia pending 3 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave Generalized arteriosclerosis vears rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 SO removal used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO K execute the certificate. pe should be 0 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Ng. City or Town County State factory, office building, etc.) WHILE NOT WHILE I buriol. 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection X, Inquiry X and in my apinian Natural causes . Accident . death resulted fram: Suicide [Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Feb. 28. 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda. Md. NAME (Type) 0 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Cremation Cedar Hill Crematory 2-28-69 Suitland, Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland ROBERT A. DATE MAR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02566 DECEASED-NAME Middle 2a. DATE OF DEATH ond 2 deoth. First 2b. HOUR low requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remove rarban papers. Pages I and in any event, within 72 hours after deat (Type or print) Month 69 Year Fet 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS MONTHS HOURS temale 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MONT. 4.5 WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during plost of warking life, even if retired.) INDUSTRY Kennsing 130. USUAL RESIDENCE Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MON admission) STATE 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle and in BRENNEMAN physicion of please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) buriol, cremation, or removal the attending partit The APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), 16), and (c) BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause men PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of P.M (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Town County State While Nat while at work 220. I certify that (1) (this hospital) aftended the deceosed from_ 1954, to. 19 62, and that in (my) (our) opinion death occurred on the date and hour and from the Leta director, page 3 should should be filed with the couses stated obove, (f) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 40 DEGREE DIRECTOR PHYS. PHYSIC AN 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) FSVILL 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 1969



FOR STATE HEALTH DEPT.

iny delay is

02572

to t necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta P.M.S. Poge 5 may be retained for your files. the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm Health prior ta burial, crematian, ar remaval, and in any event within 72 hours after death.

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MACDICAL	EXAMINER'S	CEDTICICATE	OF DEATH
MEDICAL	EVAIMINER 3	CENTIFICALL	OF DEATH

1. DECEASED-NAME	First		Middle	Last		20. DATE KNOWN	Month	Day Yeor	2b. HOUR
(Type ar Print)	JENNI	i	R.	1-1/1	5	OF ESTI-	1	6 189	930 M
3. SEX 4.	RACE	S. DATE OF BIRTH	6. AGE (In ye		IF UNDER 24 HRS	2c. DATE PRONOUNC			2d. HOUR
7	W)	6/5/18	089 Jost birthday	YRS. 8 1	HOURS MIN.	Manth -	Day	Year 1969	95 M
7a. BIRTHPLACE (State o	foreign 7b.	CITIZEN OF WHAT COL	JNTRY? 8.	MARRIED NEVER MA	ARRIED 9. 501	INTY OF DEATH			
MISSOURI	7-1-1	U.S.A.		hr.h		ON tramE			Mo
10. CITY OR TOWN OF D		11. NAME OF	HOSPITAL OR INSTITUTION	TION (If not in hospita	during most o	CCUPATION (Kind of voir working life even in SEWLIE	rofk dane f retired.)	12b. KIND OF BUS INDUSTRY	SINESS OR
13a. USUAL RESIDENCE	Where deceased	lived, if institution: 1 13b. COUNTY	Residence befare 135	etherda	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NU	MBER	Rend.	
14. FATHER'S NAME	First	Middle	& Last	IS. MOTHER'S MA	IDEN NAME First	A	Aiddle .	Los	st
The	endone		KAVMINO	2	Id	a E	3	Cul	+15
16a. WAS DECEASED EVER (Yes, no, or unknown)		CES? 16b. S	OCIAL SECURITY NO. 4 - 01- 0998	17. INFORMANT IN	rs. Col	ette EADDR ., Bethe	Manki sda,	ins Md.	4
		ne cause per line far	(a), (b), and (c).)	41/29/20				APPROXIMATI BETWEEN ONSET	E INTERVAL T ANO DEATH
PART I. DEA	TH WAS CAUSED BY	Y: CAUSE (a)	Myocardia	linfarcti	on, recen	it and rem	ote		
4109	7	DUE TO, OR AS A							
Canditians, if any									
	ta immediate couse (a), (b) AFLETIOSCIETOSIS, GENERALIZAÇO, SEVETE DUE TO, OR AS A CONSEQUENCE OF								
last.	(c)								
PART 2. OTHER SIG	NIFICANT CONDITIO	INS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
N NAME OF ORE	ATION	Lieu e	CAMBUNION FOR WHILE	ODED ATION			10	Too Aurora	140
19a. DATE OF OPE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPS	
21g. EXTERNAL CAL	ICE WAS	21b. TIME OF INJURY	Manth Day Year	Tale HOW INITION O	CCHOOLD /Enter note	ure af injury in Port 1	as David 2 like	YES X	NO 🗍
		HOUR A.M.		ZIC. NOW INJUKT O	CCDXXCD (cilier ildio	ore at injury in Port 1	ui ruii Z, iie	in ID.)	
PRIMARY OR C CAUSE OF DEATH 21d. INJURY OCCUP	RED 21e PLA	P.M. CE OF INJURY (At hom	19 ne form street	21f. LOCATION Street	or R F D. No.	City or Tawn		County	State
WHILE NOT Y		y, office building, etc.)		ZII. LOCATION SHOW	or Kirio.	city of Turni		county	31010
		e charac of the rea	a aine described ab	ave, held an Aut		anadia TV	inc FV	and in a	
death resu], Suicide [],		spectian , I Undetermined	nquiry 🔀		ny apinian
dedili iesu	red from:	Maroral Caoses D	, Attidelli				maillei		
ACTUAL	0.1	mes. R	-11		IEF MEDICAL EXAMINI SISTANT MEDICAL EXA		22b. DATE S	SIGNED	
SIGNATURE	100	71.00 19	7-1		PUTY MEDICAL EXAMI			7,1969	
EXAMINER'S NAME (Type)	John	G. Ball			DRESS(Street, city, to		1-0-1	,	
23a. BURIAL, CREMATIO	N, 23b. DA	TE	23c. NAME OF CEMET	TERY OR CREMATORY	23d.	. LOCATION (City or T	own)	(Caunty) (S	State)
REMOVAL(Specify)	2-	10-69	East Law	n Cemete	ry	Salem		Ill	L.
24. FUNERAL DIRECTOR				A RA	2Sa. REC'D BY PE	GISTRAD 40250	REGISTRAR&	HENATURE, C.	adas
7557-Wis	consin	Ave., Be	ethesda,	Md.	DATE FEB	TO Iday	м		(<u>*</u>

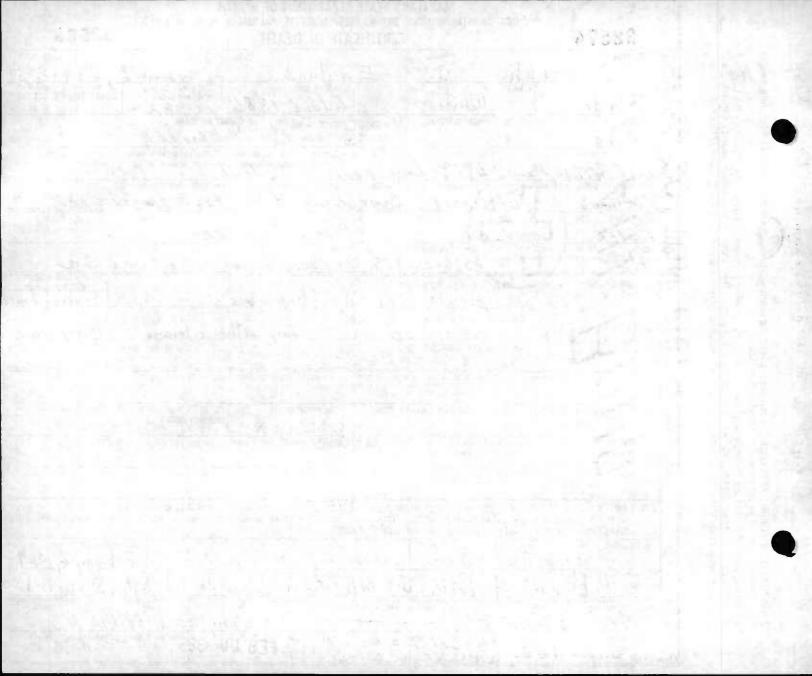
PER COMPANY DE LA COMPANY DE L The leading to the little of t , Dell , Employee, . White the second of the ?

Cour at an adole to read the such as a price of -10.0, 1.00 inc. inc. Calamatana de National de Calamatana de Cala named and the second of the se Halpenny and Annie 11. Statema 2012-54-7775-7 Aspeny recooded Rece, Jacksonson s. 16.

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Aldred O seems

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02569 02574 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) England 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) 3. SEX IT UNDER 1 YEAR ate be executed within 24 haurs aft 1886 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) MONTGOMERY WIDOWED V DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most/of working life, even if retired.) INDUSTRY ILVER SPRING MD 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES SILVER SPRING ANRENCE DR Kamine please remave Lost physician and Lost ONVERY QLATTERY 17. INFORMANT 160. WAS DEEEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no of unknown) (If yes give war or dates of service) MRS. MABEL 13a 6cd E abou 236-05-8891 attending phys permit. Then p law requires that the death certifi APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary cule Conditions, if ony, which gove) Theroscleracis Coronary burial-transit aud rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1955, 19, to Feb. 6, 1969, that (I) (we) lost sow the deceased alive on January 24, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: After 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR **DDEGREE** PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, shauld 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION (Stote) 7400 GEARBIA AVE. N. WASHINGTON DE 20012 VR A15 (4) 30M REV. 1/68



▲ hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Page 4 may be retained by the haspital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 02570

			,	CKILLI	AIL OF	DEATH				
	ECEASED-NAME (ype ar print)	First ERIC	Middle	Pa	E TOTAL	ENGLUND	2a. DATE OF Feb	Month 24 Day	1969	2b. HOUR 3, 38 N
3. SI	Male		gasian			1893,	(5)	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
cani	BIRTHPLACE (Stote or fore	United	d States	WIDOWED		KKILU	COUNTY OF Montgo			Md
	Wheaton	give	NAME OF HOSPITAL OR INS Randolph Hi					(Kind of wark dane life-teven if retired.)	12b. KIND OF E	BUSINESS OR Gov't.
13o. adm		e deceased lived, if institu C . V3b. COUNTY	rtion: Residence befare	13c. CITY OR Washir		YES NO	100.01	reet AND NUMBER 4 Tilden S	Street N	I.W.
	FATHER'S NAME First O1.	af Pet		nd		MAIDEN NAME Firs	rie	Middle	H	lost laggblac
	(es, no, ar unknawn)	U.S. ARMED FORCES? f yes give wor or dates of service)	579-56-88		NFORMANT	adys Eng	lund,	Address Widow, sad	le as #1	.3
N	Conditions, if any, whice rise ta immediate caustating the underlying last.	h gave) (b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UTING TO DEATH BUT NO	DT RELATED TO	THE TERMIN	ley AL DISEASE ORCON		Volusia III PART I(a) J	of the	Zar
CERTIFICATION	19a. DATE OF OPERATION		HICH OPERATION WAS PER	S PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN CAUSES OF DEATH?					RTIFYING	
MEDICAL CE	21o. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medica 21d. INJURY OCCURRED While Not while at work at wark	SE OF DEATH HOUR A.M. I exominer) P.M.				CURRED (Enter n		y in Port 1 or Port 2, Is	tem 18.) County	State
	22a. I certify that saw the decer	(I) (this hespital) attassed alive an Fabave, (I) (we) (did)	-el-18 1	907, and	thot in (n	19 (our) opinj	on deoth o	Courred on the dat	ESENHat te ond hour a	(I) (w o) l ast and from the
	22b. SIGNATURE	wordw.	Goury	Bo Dick	ATTEND PHYS.		O. ECTOR	STAFF PHYS. 22c. D	PATE SIGNED	74,1969
	22d. PHYSICIAN'S NAME (Type)	= YOUN		> '	22e. AD	WAJ 1	H'NG	TON eL.	INIC	,
	BURIAL, CREMATION, REMOVAL SPECIFON	23b. DATE 2-27-1969	23c. NAME OF C Ced∌R F	Hill C	remato			N (City or Town) and, Prince	(County) George	(Stote)Md.
		er's Sons, D.C., 200		Wisc.	Ave.	PER 2	G 1969	25th PUBLICARY	SIGNATURE	L

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compare the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

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	, mar, 21 200 vo. 1202 (200)	ne de l'age d'al ang

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FOR STATE DEPT. "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Poge ny delay

1. DECEASED-NAME

3. SE

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10. C

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14. F

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(Type ar Print)

First

add 2 with the Stote Department of deoth. s ofte bod buriol-transit permit. File removal, and in ony event within 72 0 OS 0 Health prior to burial, cremotion,

Office along with form the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's necessary, please execute the certificate, writing the word O FUNERAL DIRECTOR: Poge 3 should be used may be retained for your

This certificate should be executed within 24 hours after death

DICAL EXAMINER:

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PERCENTERS.

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

Middle

02571 2a. DATE KNOWN CA 2b. HOUR Last Month Day Year 33AM OUR 34

	RUTH		META		PLOT.	DIN.			DEATH	MATED	L AD	1)	1907	7440
Χ	4. RACE	5. DATE OF	BIRTH	6. AGE (In y	aris	UNDER 1 YEAR	IF UNDER			RONOUNCED	DEAD			2d. H
male	White	Feb.	22, 1898	last birthdo	YRS. MGNT	H\$ DAYS	Haurs	MIN.	Feb.	15	Day	Year	169	4:3
IRTHPLACE (Stat	e ar fareign	7b. CITIZEN OF	WHAT COUNTRY?	8.	MARRIED	NEVER MA	RRIED	9. COU	INTY OF DE	ATH			100	
New J	ersey	U.S.	Α.		WIDOWED	DIV	ORCED [Mon	ntgom	ery	(4.3)		33.3	
ITY OR TOWN O	F DEATH		1. NAME OF HOSPIT							(Kind of wor		12b. KIND	OF BUS	INESS O
akoma F		9	we street address) Washingt	on Sar	n. & 1	Hospit						INDUSTRY		
			stitutian: Residenc	e befare 13c.	CITY OR TO	I NWO	3d. INSIDE CITY I			T AND NUMB				
Imissian) STATE		Mossey	omery	\$1]	lver	Spring	YES	10 🗆 :	1401	Blair	Mill	Rd.	#10	105
ATHER'S NAME	First	Mi	ddle	Last	15. A	NOTHER'S MA	IDEN NAME	First		Midd	lle		Las	t
XXX	MAKE Ma	x	Radir	1		Bay	19		600					_
es, na, ar unknav	/ER IN U.S. ARMED	FORCES? war or dates of serv	16b. SOCIAL SE	CURITY NO.	17. INF	DRMANT		7.4	danı	ADDRESS ehter-	613	ane	ST.	-N.
20.0					10 10	DAWIT COL	IN CITY	1 [] 4	— C18L 111	P 11 1 (2) 1 ==	IN a L			

	18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c))	BETWEEN ONSET AND CEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clute oronery multiple	elector.
7	4/2/ DUE TO, OR ASSA CONSEQUENCE OF A 1/ (4)	1
	(anditions, if any, which gave) (b) Orenary Cerloky Heart De	seese,
6	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
_	Essential (Hypertension	
TIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?

WAS PERFORMED? YES T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M PRIMARY TO OR CONTRIBUTING

MEDICAL P.M CAUSE OF DEATH 21d. INJURY OCCURRED

21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town

County factory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I toak charge of the remains described above, held an

death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER

ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S**

NAME (Type BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. 230

REMOVAL (Specify) 6 24. FUNERAL DIRECTOR

3501-1457 NUBO. REC'D BY REGISTRAR Washide

1969

(State) (County)

Md.

APPROXIMATE INTERVAL

NO

State

and in my opinion

REGISTRAR'S SIGNATURE

Tawn

DATE SIGNED

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DECEMBER OF DESIGNATION					
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		Led Insuel do ins		light sec.	1124
A TO		e odne middl	a Age		
			whether and the	C. LENGAL.	
					/

FOR STATE HEALTH DEPT. deloy is and 3 to Poge

form

along

Office

Chief Medicol Exominer's

Give Poges

in Item 18.

in pencil

"pending"

please execute the certificate, writing the word

necessary, O DEPUT

after death

24 hours

This certificate should be executed within

Item8 FilmGLO9

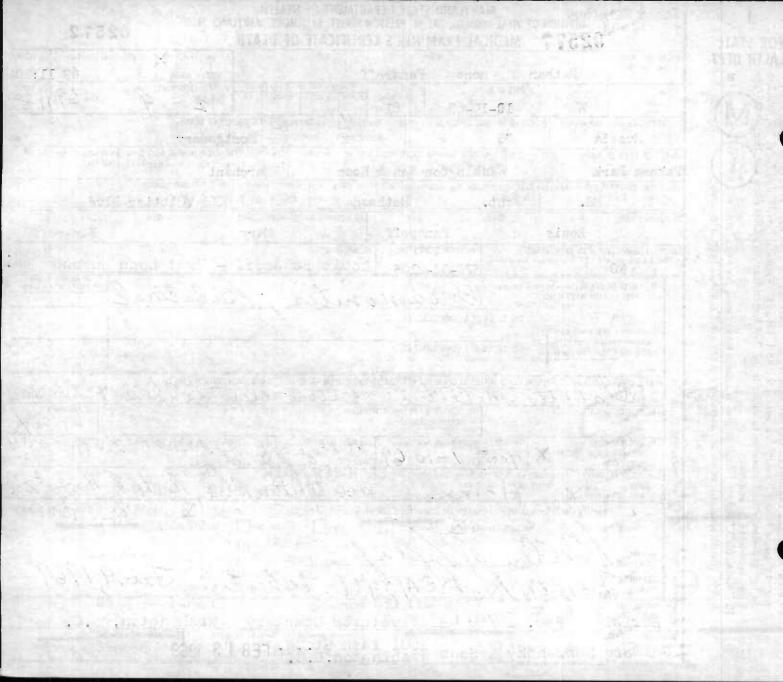
0 death. ×: lond 2 after poges hours Fie within permit. event buriol-transit ony forwarded ta and 0 removal, used pe should be 0 3 should cremation, Yaur Poge buriol, the funeral director. may be retained

.⊑ FUNERAL DIRECTOR: Poge Heolth 0

DÍVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2/21/69 02572 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month 2b. HOUR Day (Type or Print) OF ESTI-Nathan 69 Fanaroff none 1:20 DEATH MATED 2d. HOUR IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) MONTHS 6 HOURS W 10-10-87 81 YRS 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Russia US WIDOWED 1 DIVORCED Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) **INDUSTRY** washington San & Hosp Takoma Park 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Md. 13P JOHNTA 8006 Whittier Blvd YES NO Bethesda 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME Middle Lost Louis Mary Fanaroff Fanaroff 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Beth (Yes, no, ar unknown) Louis Fanaroff -7101 Loch Lomond 579-32-2105 APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for fd), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN/IN PART_140 CERTIFICATION 19a, DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. JHOW INJURY OCCURRED (Entre) MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street of R.F.D. No. City or Town foctory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described abave, held an Autapsy Inquiry and in my opinion Inspection Suicide Undetermined monner death resulted from: Noturol couses Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 10/69 Elesavetgrad Cemetery Washington. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Washi Danzansky & Sons

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 10M REV. 1/68

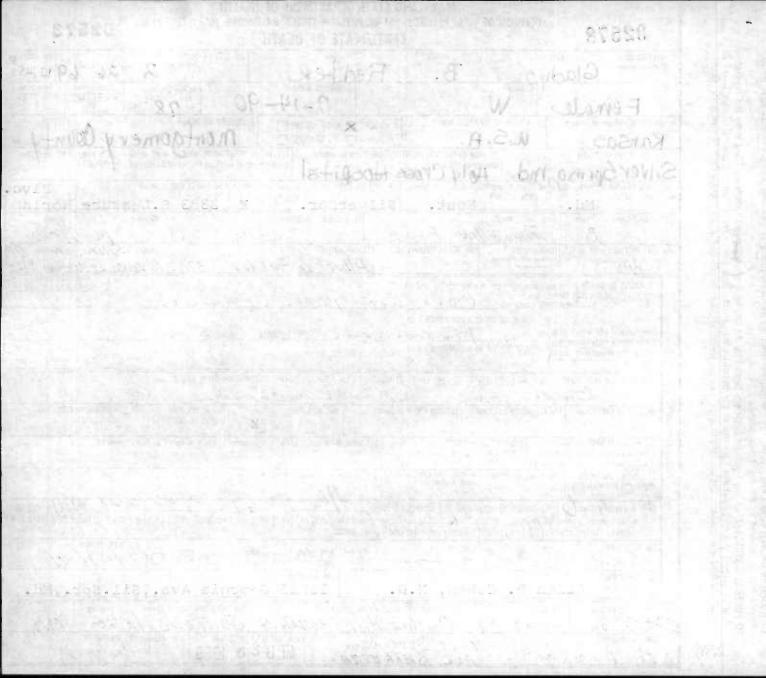


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02573 02578 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR P tuneral s 1 and 2 frer death. requires that the death certificate be executed within 24 haurs after death. (Type or print) 3. SEX S. DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINGER 24 HRS. lost birthday) MONTHS and campletely filled in by the remave carban papers. Pages 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [within 72 WIDOWED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address during mast of warking life, even if retired.) **INDUSTRY** event, 130. USUAL RESIDENCE (Where depended lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Blvd. admission) STATE 13b. COUNTY SilverSpr Md Mont 3383 S.Leasure World 14 FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last physician of 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) S.Leisore WOR remayd 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial, crematian, or IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove signed by the burial-transit p HRITERINGLEROTIC rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to O FUNERAL DIRECTOR: After this certificate has been the TENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? SD CAUSES OF DEATH? YES [use be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. Dept. of (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work ot work State 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased aliveran shauld causes stated above (1) (we) (did) (did na) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED M.D ATTENDING director, page 3 shauld be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Allan B. Cohan, 13515 Georgia Ave., Sil. Spr., Md. M.D. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (State)

FUNERAL DIRECTOR

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

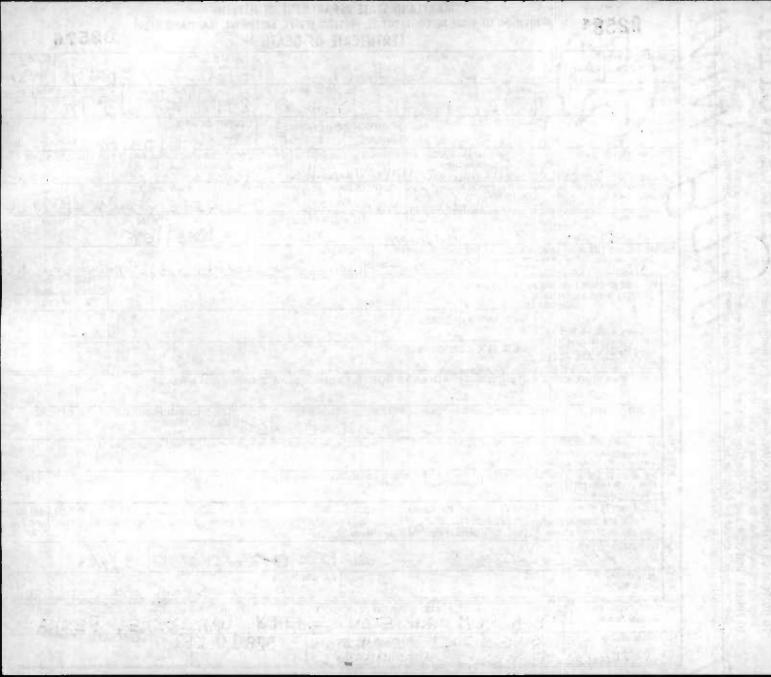
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02575 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Doy Yeor 2b. HOUR (Type or Print) line DEATH MATED nv delav 4. RACE AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 7o. BIRTHPLACE (State or foreign CITIZEN OF WHAT COUNTRYS MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED [ades 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY/ Give ong v death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITYOR 13e. STREET AND NUMB NO NO I and 2 Office tem 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME haurs the Chief Medical Examiner's pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil This certificate shauld be executed within (Yes, no. or unknown) File within 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Locaration + contusion of Brain. and pending IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Fracture 15kull Conditions, if ony, which gove rise to immediate couse (a). writing the ward stoting the underlying couse w Trauma. from 1 .= farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 05 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? Jon-29 1969 please execute the certificate. YES 🗍 NO Y should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18. 3 shauld PRIMARY OR CONTRIBUTING DICAL EXAMINER: crematian, Fell on ice in drive way at hoppe stroking Haza CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) 5 may be retained far your ro FUNERAL DIRECTOR: Page Health priar to burial, crem WHILE AT WORK AT WORK Powder HOTO DA. Potoma Page 1033 22a. I **certify** that I took charge of the remains described above, held on Autopsy , Inspection X Inquiry N and in my opinion Natural causes . Accident death resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burial 2-5-1969 Baltimore National Cemetery - Baltimore, Maryland 24. FUNERAL DIRECTOR Joseph Gawler's Sons, APPRES, 5130 Wisc SE METER BY RESTRICTOR BY VR A15ME (5) Ave. N.W., Wash., D.C., 20016 DATE 10M REV. 1/68

WASHINGTOW, DC

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

flice olong with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's ϕ 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY

VR A15ME (5)

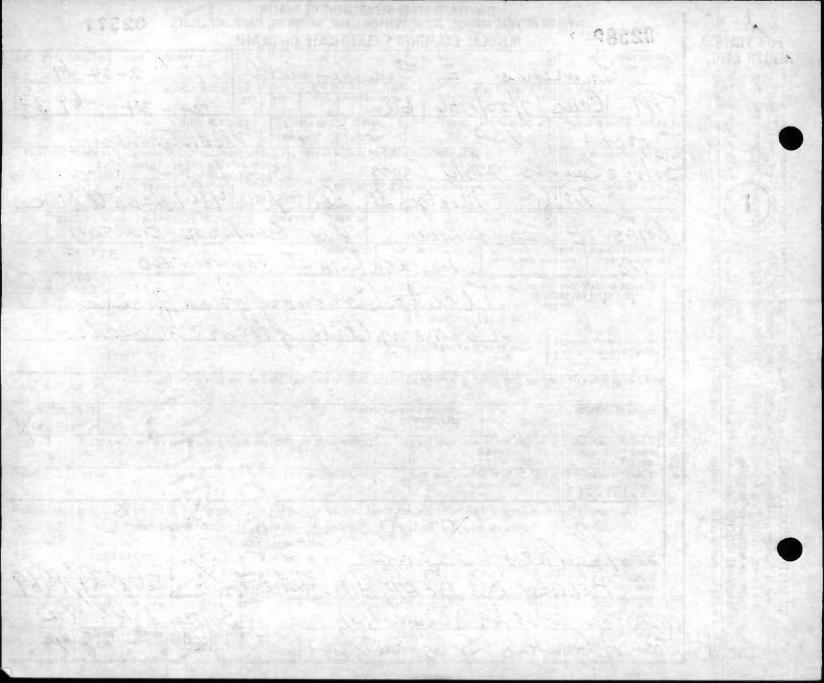
02582

Health priar ta burial, cremation, ar removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02577 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ECEASED-NAME First Type or Print)	Middle F	lost O'co	20. DATE KNOWN Mont	th Day Year 2b. HOUR
3. 5	4. PACE S. DATE	OF BIRTH 6. AGE (In yellow birthdo)	MONTHS DAYS HOURS	Topic Control Control	Year 69 2d. HOUR
70			MARRIED NEVER MARRIED	9. COUNTY OF DEATH	TA ISAM
cani		00	WIDOWED DIVORCED	montan	1 1 1 1 Md
10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT	TION (If not in haspital 12a. U	ISUAL OCCUPATION (Kind of work dan	e 12b MND OF BUSINESS OR
15	ILVER SPRINGS	give street oddress) CROS	S during	most of working life, even if retired.	ONSTRUCTION
130.	USUAL RESIDENCE (Where deceased lived, if dmission) STATE 13b. COU	institution: Residence befare 13c.		LIMITS? 13e. STREET AND NUMBER	with ave.
14.	ATHER'S NAME First	Middle / Last	IS. MOTHER'S MAIDEN NAME	First / Middle	Lost
1	MAS E. FRAN	KENFIELD	EVA GO	GRIRUGE BU	RTON
	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of s	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	SEE # 13
	NO	214-03-865	1 KUTH J. 1	MANKENFIELD	
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	per line 101 (o), (b), and (s).)	0	on on	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	111 > SIMMEDIATE CAUSE (c		Coronari	1 monther	iency
	Conditions, if ony, which gove	TO, OR AS A CONSEQUENCE OF	(Vateria)	Lean AUDi	notion
	rise to immediate cause (a), (b) stating the underlying cause DUE	TO, OR AS A CONSEQUENCE OF	, willing i	V aca new	TEN TE
	last.	d			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE OR (CONDITION GIVEN IN PART I(a)	
No	10 DATE OF ODEDATION	Trail completion for while	Open (TION)		Too AUTO DONO
FICATI	190. DATE OF OPERATION	19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY? YES NO NO
CERTIFICATION	21g. EXTERNAL CAUSE WAS 21b. TI	IME OF INJURY Manth, Day, Year	21c. HOW INJURY OCCURRED (Fr	nter noture of injury in Port 1 or Port 2	
MEDICAL		OUR A.M. P.M. 19			
MEO	21d. INJURY OCCURRED 21e. PLACE OF IN	JURY (At home, form, street,	21f. LOCATION Street or R.F.D. No.	. City or Town	County State
13	WHILE AT WORK AT WORK	building, etc.)			
F.	22a. I certify that I took charg	e of the remains described ab	oave, held an Autapsy,	Inspection , Inquiry	and in my apinion
	death resulted from: Natura	couses Accident], Suicide [], Hamicic	de 🔲, Undetermined mann	er
	ACTUAL / // // // // // ACTUAL / // // // // // // // // // // // //	11/2	CHIEF MEDICAL		
	SIGNATURE SECTION	1 seaf	M.D. ASSISTANT MED DEPUTY MEDICA	TOME EXPANSIVE C	ATE SIGNED
	NAME (Type) BELDEN	R. KEAP.	110 1171	acity temps or county) Jel	2,24,1969
230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF CEMET	TERY OF CREMATORY	23d. LOCATION (City or Town).	Jaunty) (Stote)
24	FUNERAL DIRECTOR	ADDRESS	2So. REG	D-BY-BEGISTRAP 25b. RISTSTRA	R'S SIGNATURE
1.	OSENA (TOU/EL'S	Sous-NA	SHINGTON DATE	B & 0 1969 FC	mes judge



MARYLAND STATE DEPARTMENT OF HEALTH

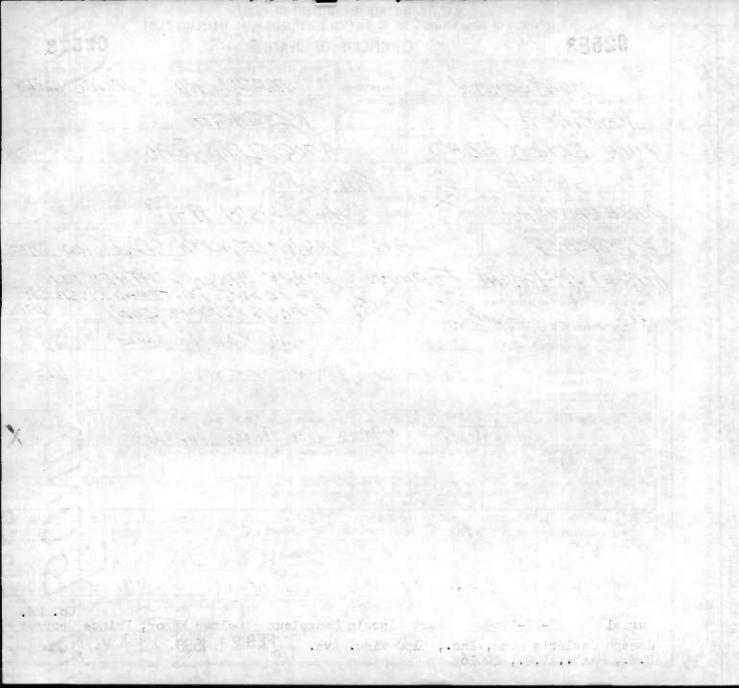
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

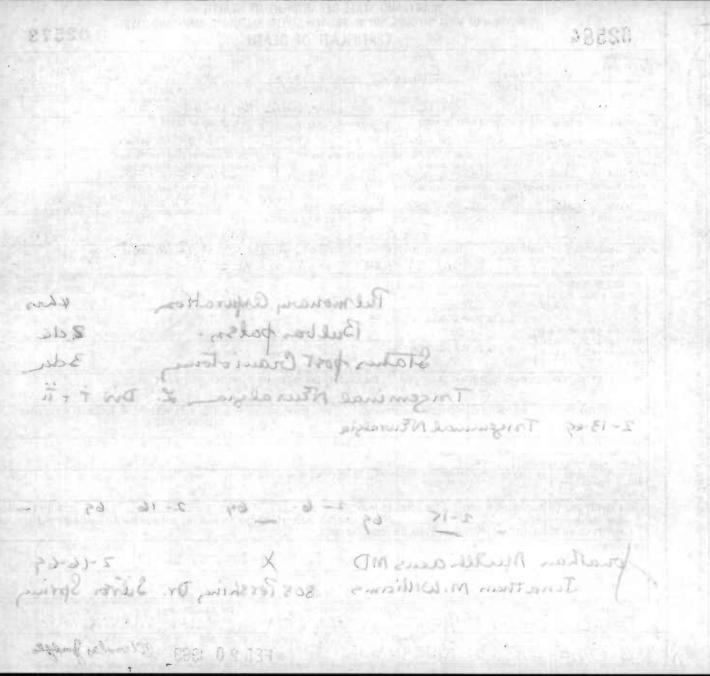
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		CERTIFICATIE	OI DEMINI				
	PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where deceased lived, i		befare admission)		
,	MONTGOME	RY MARYLAND	O. STATE MARYLAND	b. COUNTY MON	TOOMERY		
-	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate limits,	write RURAL and give ne	eorest town)		
	HENSINGTON		KENSINGTON				
(d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	naspital, give street address)	d. STREET AODRESS		e. IS RESIDENCE ON A FARM?		
2	709 ELKOD K	OHD	19709 ELROD KO	90	YES NO		
-	NAME OF OECEASEO (Type or print)	B. Middle Flok	Lost 4. DATE OF OEATH	Manth 2	Day Year 17 19 69		
1	200 - 182 1 ac. 1	MARRIED NEVER MARRIED IDOWED OIVORCED	8. DATE OF BIRTH 9. AGE (In birth b	years IF UNDER 1 YE Months Do	EAR IF UNDER 24 HRS. ays Hours Min.		
	USUAL OCCUPATION (Give kind of work done ng most of working life even if tetired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign county SHULLE NORTH	CARL COUNT	N OF WHAT		
	FATHER'S NAME	4 4	14. MOTHER'S MAIOEN NAME				
1	OBERT MEKNIGH	T FURMAN	MARY BACON A	MATHEN	SON		
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of serv		FRANCIS FURMAN	TEMAYVID RU	D. SIL, SP.		
1	18. CAUSE OF DEATH (Enter only one couse pe	r line for (o), (b), ond (c).)		/	INTERVAL BETWEEN		
	PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	BRADYCARDII	4 . with CANDIAO	Aurest	ONSET AND DEATH		
I	440 9 DUE TO	10	1.1.	1117			
l	Conditions, if any, which gave (b)	GENERALIZAE 7	fuller 10 Selevosis		5945		
	stoting the underlying cause OUE 10			7 50 7			
I	last.) (c) _						
	7.	C. Allense	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED?		
I	EMPHY	seme - CTAMIC		cta	YES NO		
	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II a¶ iten	1 18.)			
	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	town) (Caunty	y) (State)		
	21. I certify that (I) (this haspital) attended the deceased fram 1962, 19 ta Feb 17, 1969, that (I) (we) last						
1	saw the deceased alive an FCBA	weary 15 1969, and that	t death accurred at 245 p.M., fram o	causes and an the	date stated abav		
	220. SIGNATURE CECL AND	s. Penny M.	1111		SIGNED 7-69		
	22c. PHYSICIAN'S NAME (Type) RICHARD B	S. PERRY M.D.	22d. ADDRESS 2001-EGE S	SN.W W	bast De.		
3a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (C	ity or Town) (Co	ountyCo. (State)		
	Burial 12-20-1969	Fort Lincoln	Mausoleum Colmar Ma	nor, Princ	e Georges		
24	. FUNERAL DIRECTOR Joseph Gawler's Sons,	Inc., 5130 Wisc.	Ave. 250FEB82REGISTRAPES	2Sb., PEGISTRAR'S SIGN	IATURE		
	M W Wash D C 20		DATE	1	1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Permoved be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67





N.W. Washington

VR A15 (4) W

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CERTIFICA	TE OF DEATH		9200	-		
1. DECEASED-NAME	First	Middle		Last	2a. DATE OF DEATH	N. V	2b. HOUR T		
(Type or print)	Richard	Anthony	· G	folden	February 1	0 1969	3:48		
3. SEX	4. RACE			. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
Male		White		4 February	1922 46 YE		IIIIII.		
7o. BIRTHPLACE (State or for	oreign 7b. CITIZEN	OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH				
Pennsylvani		USA	WIDOWED		Montgomery		Md		
10. CITY OR TOWN OF DEAT Bethesda	Н	11. NAME OF HOSPITAL OR INS	inical	in haspital 12a. USU Center during m	AL OCCUPATION (Kind of work don lost of working life, eyen if retired Chant Seaman		BUSINESS OR		
130. USUAL RESIDENCE (Who admission) STATE Pennsylva	ere deceased lived, if		13c. CITY OR T	WEG THE M	limits? 13e. STREET AND NUMBER 259 West Jol	nnson Str	eet		
14. FATHER'S NAME FI John		iddle Last • Golden		MOTHER'S MAIDEN NAME Mary		Mi	last		
16a. WAS DECEASED EVER I Yes, no or unknown)	N U.S. ARMED FORCES? '(If yes give war or dates of se				ical Record Address enter, NIH, Beth	nesda, Mo	1. 20014		
1B. CAUSE OF DEATH	(Enter only one couse	e per line for (a), (b), and (c).)				MATE INTERVAL DISET AND DEATH		
PART I. DEATH V	VAC CALICED DV.	Left ventri		left atrium	fistula	6 day			
3740	DUE TO	O, OR AS A CONSEQUENCE OF			prosthesi	S			
Conditions, if any, where to immediate co	nich gave)	b) Placement o	of Star	Edwards mi	tral valve /	6 day	/S		
stating the underlying	ng couse DUE To	O, OR AS A CONSEQUENCE OF			insufficie				
last,					ng severe mitra	1 / 130 ye	ears		
					CONDITION GIVEN IN PART 1(a)				
LOW Care		t with renal		patic failur 200. AUTOPSY?	20b. IF YES, WERE FINDING	C CONCIDEDED IN C	EDTIEVING		
10 PER	Mitral	valve diseas	se	YES NO	CAUSES OF DEATH?	Yes	EKHITHNG		
21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH HOU	TIME OF INJURY R A.M. Manth Day Year P.M. 19			er nature of injury in Part 1 ar Part	2, Item 18.)			
While Not while		NJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	Part Land		the state of the state of the state of	Caunty	State		
22a. I certify the	22a. I certify that (1) (this haspital) attended the deceased from 30 Dec., 1968, ta 10 Feb., 1969, that (1) (we) last saw the deceased alive on 5 February 1969, and that in (14) (our) opinion death accurred an the date and haur and from the days stated above, (1) (we) (did (14) (14) (14) (14) (14) (14) (14) (14)								
225 SIGNATURE	A A A ATTENDING OF MED OF STAFF								
NAME (Type)	Lynn M. Pe	terson, M.D.	J	Institutes	Clinical Center of Health, Bet				
23a, BURIAL CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR C	DEMATORY	23d. LOCATION (City or Town)	(Caunty)	(State)		
REMOVAL (Specify)	2-15.6					, ,,	(Sidio)		
BUTTE 24. FUNERAL DIRECTOR	2-15-6		homas	Cemetery		Penna.	(Sidio)		

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

Toge 4 may be retained by the inspiral of completely.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbor should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, with

CERTIFICATE OF DEATH

02582

		0200			THE OF BEATTI				
Ė		CEASED-NAME First	Middle		Last	2a. DATE OF	DEATH FOOM		2b. HOUR
death	,	ype or print) GRACE	=	(-	NIWGOO	F	Month Day	Year	3 9 M
Te.	3. 58		4. RACE	1	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
thin 72 hours after	1	FEMALE	WHITE		JAN 18, 18	398	lost birthdoy)	MONTHS DAYS	HOURS MIN
		A	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF			
		Vinginin	U.SA.	WIDOWED	DIVORCED _		ITGOME	RY	Md.
20		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress) 1400	NSTITUTION (If not	in hospital 12a. USU	AL OCCUPATION ost of working	(Kind of work done	12b. KIND OF E	USINESS OR
0		SILVER SPRIN	d lived, if institution: Residence befare		I HO	307610			-
5	odm	ission) STATE MARYLAND	13b. COUNTY MONT COMERY	13c. CITY OR T			REET AND NUMBER	LANE ?	#80%
1		ATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME F	irst	Middle) 1	Last
/		HOWARD	WE	88	MATTIE			WILL	IAM S
		WAS DECEASED EVER IN U.S. ARME	1.		ORMANT	V	Address	19 ELA	AME
		es, no, or unknawn) (If yes give war	578 14 4	1486 MI	rs virginii	9 P. PL	EL TA	Komap,	
			ane cause per line for (o), (b), and (c).)				APPROXIM BETWEEN ON	IATE INTERVAL ISET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (0) _ acute	cononar	y unsuffice	ney		Unable	to state
		4/23	DUE TO, OR AS A CONSEQUENCE OF	-	1	ally bying	lle Orangh bloc	2	
		Conditions, if ony, which gove	(b) arterioxel	erotic 1	least disease	cardiac	evergenent		
		nse to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	F	/		/		
		last.	(c)						
		PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
	Z								
1	CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CE	RTIFYING
X	RTIFI				YES NO				
		21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOV	V INJURY OCCURRED (Ente	r nature af inju	ry in Part 1 ar Part 2,	Item 18.)	
	MEDICAL	(If either, notify medical exomine	er) P.M.	19			te de la constitución de la cons		
	W	21d. INJURY OCCURRED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street ar R.F.D. No	. City	or Town	County	Stote
		di work of work						100	
	П	22a. I certify that (I) (this	hospital) attended the deceas	sed from 14	1N 29 , 19 G	, ta)/	3N 25, 19	69, that	(1) (wa) last
	П	causes stated above.	ve an January 25 (I) (we) (did not) view the	bady after de	that in (my) (our) api eath.	inian death (accurred on the do	ite and haur a	nd fram the
		22b. SIGNATURE	(// (, budy unor un	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22c.	DATE SIGNED	
		Marin H	L. Troum 20	DEGREE	ATTENDING PHYS.	MED.	STAFF PHYS.	B-15 19	69
,		22d. PHYSICIAN'S	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22e. ADDRESS	. 6	6:1 6	- (5	10,
/	1	NAME (Type) AAR	ON H. TRAUN	M.D.	8237 400	year use	- Schol S/	myo the	yeard.
	23a.	BURIAL, CREMATION, 23b. DA	- / -	CEMETERY OR C	REMATORY	23d. LOCATIO	ON (City or Town)	(County)	(State)
0		REMOVAL (Specify) 2-	18-69 Hlen		Comstay	Wark			
U	24.	FUNERAL DIRECTOR W.W. CA	AMBERS CO. ADDRESS	5 1400 CH	PIN 250. TOP	Y REGISTRAR	SPSSb. REGISTRAR'S	SIGNATURE	Lee -
7 15									

ST. N.W. WITSH. DC DATE

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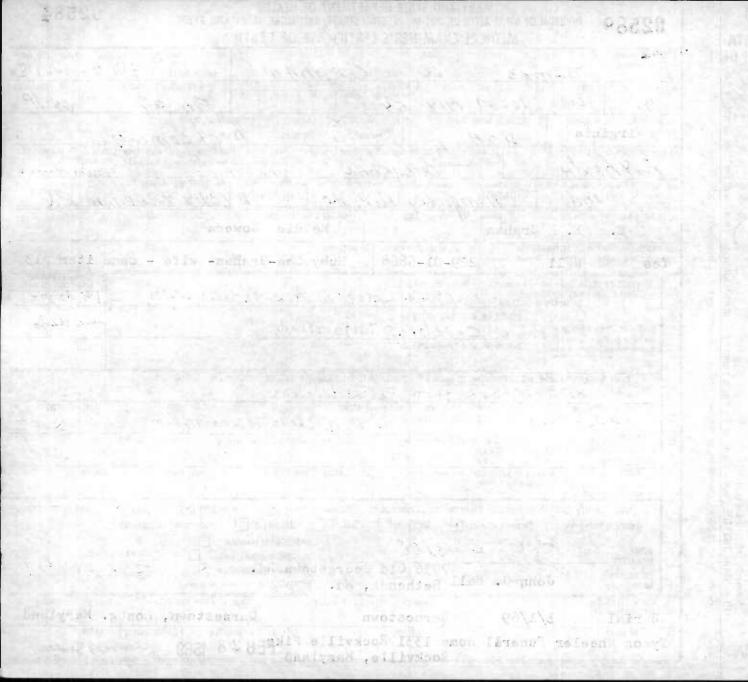
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FOR STATE	It	em7Film	GLIO 3/5 22 DIVISION	OF VITAL RI	ECORDS, 30	1 W. PRES	EPARTMENT OF TON STREET, BALL CERTIFICATE	TIMORE, MAR	RYLAND 21201		025	583
HEALTH DEPT.		CEASED-NAME Ype or Print)	James			ldle	Lost Grady		2a. DATE KNO OF ES DEATH MA	11-9		ar 2b. HOUR
3. Po	3. 51	x Male	4. RACE C	5. DATE OF BIE	RTH	6. AGE (In y	ears IF UNDER 1 YEAR 29) MONTHS DAYS YRS.	IF UNDER 24 HR	2c. DATE PROI	NOUNCED DEAD 20 Pay	Year 19	2d. HOUR 50 12:07/
10 10 mg	coun	BIRTHPLACE (State try) Virgir	ila	7b. CITIZEN OF WEUSA		8. AL OR INSTITU	MARRIED NEVER MA	ORCED 12a. USUAL	OCCUPATION (Kin	comery d af wark dane		Md. F BUSINESS OR
24 hours after death in Item 18. Give Pages 1, is Office along with form servend 2 with the State Deas after death.	13a.	koma Pa USUAL RESIDEN dmissian) STATE	CE (Where deceas		6,7	e befare 13c.	Hosp. CITY OR TOWN yattsville	3d. INSIDE CITY LIMITS:			industry	
ncil in Item I niner's Office nows affect	14. F	ATHER'S NAME	First Deceased	Middle	е	Last	1S. MOTHER'S MA		irst ara	Middle		Last
within 24 n pencil in Examiner's File adges		es, na, or unknav	VER IN U.S. ARMED F vn) (If yes give	ORCES? war or dates of service)	16b. SOCIAL SE	CURITY NO.	17. INFORMANT	Thou	Dry 140	ADDRESS m	renn	
ficote should be executed ing the word "pending" indeed to the Chief Medical os o buriol-transit permit.	~	PART I. I 922 Canditians, if a rise ta immediate the unless.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
his certific ate, writin e forward be used o: removol,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						YE	NO 🗆			
bICAL EXAMINER: This se execute the certificate, sctor. Page 4 should be for your files. ECTOR: Page 3 should be a burial, cremotion, or rel	MEDICAL CE	CAUSE OF DEA 21d. INJURY OF WHILE AT WORK	OR CONTRIBUTING [TH CURRED 21e. NOT WHILE 50 AT WORK	HOURX 10:3@ PLACE OF INJURY ctary, affice building	(At hame, farm	19 69 , street,	21f. LOCATION Stree 14071/2 M	torR.F.D. No.	City or T	attsvil	(aunty	State . Md.
TO DEPUTY DICAL EXAM necessary, pleose execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL DREMAREMOVAL (Spe	BE-LO ATION, 23b.		ises D.	NAME OF CEM	M.D. AS	Homicide [HIEF MEDICAL EXA SSISTANT MEDICAL PUTY MEDICAL EX DUTY MEDICAL EX DUTY MEDICAL EX	MINER CAMINER CAMINER 23d. 1000/100 (C)	mined morner	E SIGNED (Caunty)	in my opinion
VR A15ME (5) 10M REV. 1/68	24	EUNERAL DIRECT	in 3	89 1	P.T.	ADDRESS	nu.	DATE FEB		25b. REGISTRAR	- 47 - 1.5	udge

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AREO Commung of etc. The last one is a street of the last of the l	The latest within the latest	A Time at the		
	Manual States		25+1 T	
	47 - 290	1 391		



PART 1. DEATH WAS CAUSED BY Canditians, if any, which gave rise ta immediate cause (a). stating the underlying cause 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING

21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

County

State

Natural causes

John G. Ball

24. FUNERAL DIRECTOR Sawler's Sons, Inc., 5130 Wisc. Ave.

23b. DATE

factory, affice building, etc.)

21e. PLACE OF INJURY (At hame, farm, street,

WAS PERFORMED?

22a. I certify that I took charge of the remains described above, held an Autopsy

Hamicide

Inspection 79, Undetermined monner

23d. LOCATION (City or Town)

Inquiry X

(County)

and in my opinion

NO T

20. AUTOPSY?

Accident . Suicide .

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Crematory

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ADDRESS(Street, city, tawn, ar caunty)

25a. RECD BY REGISTRAR

DATE

DEPUTY MEDICAL EXAMINER

City or Town

Suitland, Prince Georges Co., Md

25b. REGISTRAN'S SIGNATURE

YES

(State)

Lowel Da

N.W. Wash. D.C. 20016

REMOVAL (Specify) Cremation

10M REV. 1/68

VR A15ME (5)

FOR STATE

Page loy is

and PM3

Give Pages 1,

hours Item 1

24

be executed

certificate should writing the word

EXAMINER:

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HEALTH DEPT.

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3 should

FUNERAL DIRECTOR: Page

hours

within

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cremation,

prior

Department

1. DECEASED-NAME (Type or Print)

admission) STATE

(Yes, no, or unknown)

CAUSE OF DEATH 21d. INJURY OCCURRED

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

23a. BURIAL, CREMATION,

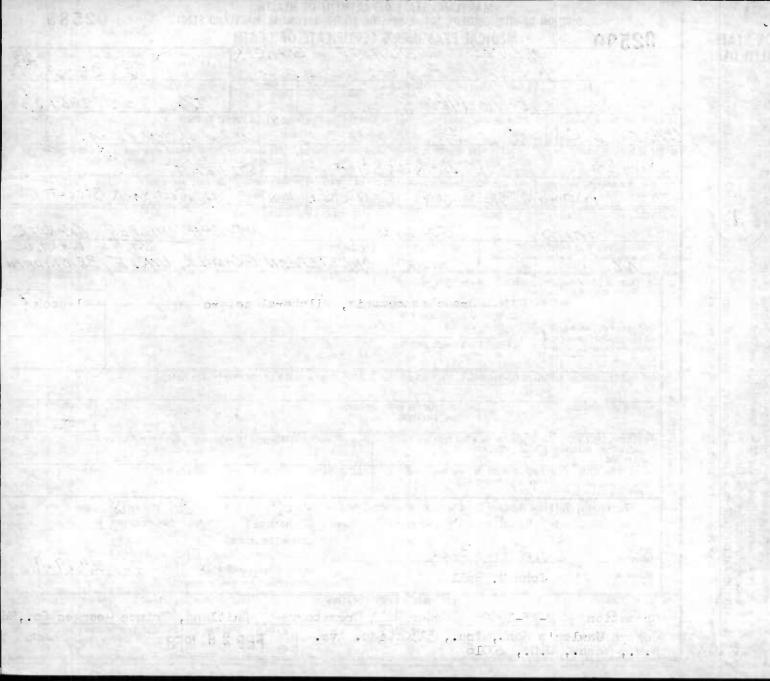
WHILE NOT WHILE AT WORK

death resulted fram:

14. FATHER'S NAME

3. SEX

O FUNE Heolth



23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

23d. LOCATION (City or Town)

150. REC'D BY REGISTRAR

(State)

(County)

REGISTRAR'S SIGNATURE

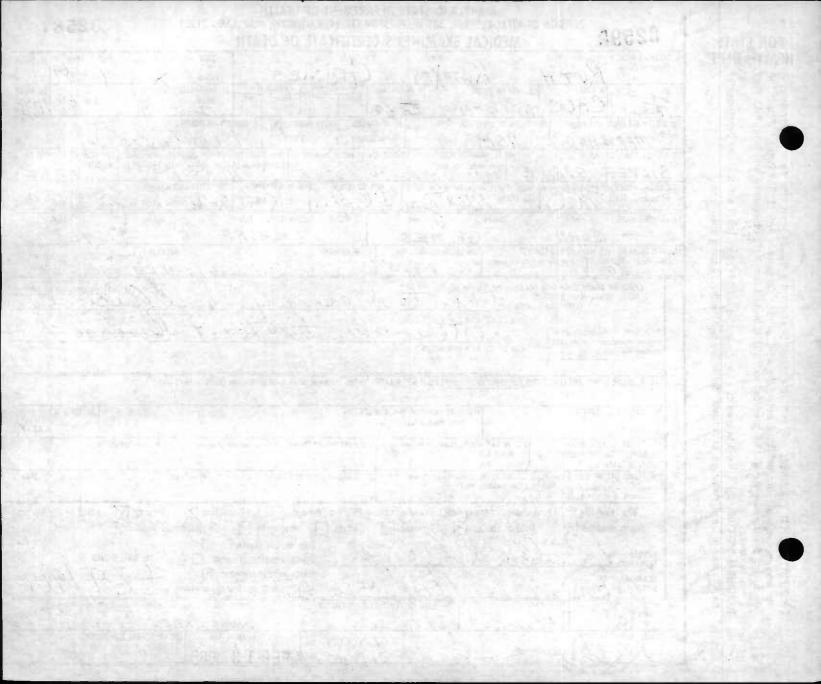
VR A15 (4)

23g. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

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Maria de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania de la compania del compania de la compania del compania de la compania del compania del compania del compania de la compania de la compania de	and a second	56	34.50n	113
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and that are seen	a de res	40.00		
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	salsana (grace)			The second
		Marin.	THE STATE OF THE S	Star will
	ALECTA DE D			
			Market Balling	
	Market Carpeting			
	3 4 1 4 5			•



02593

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after

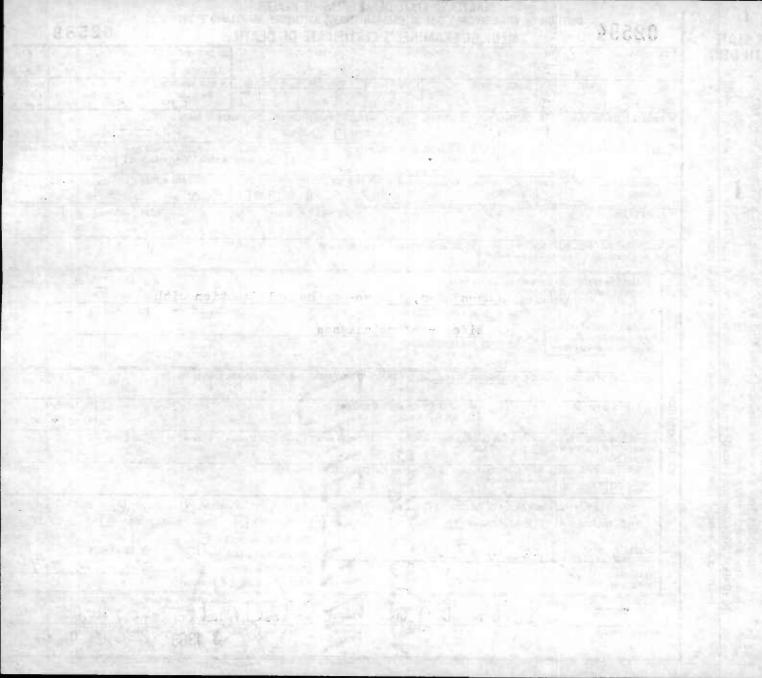
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

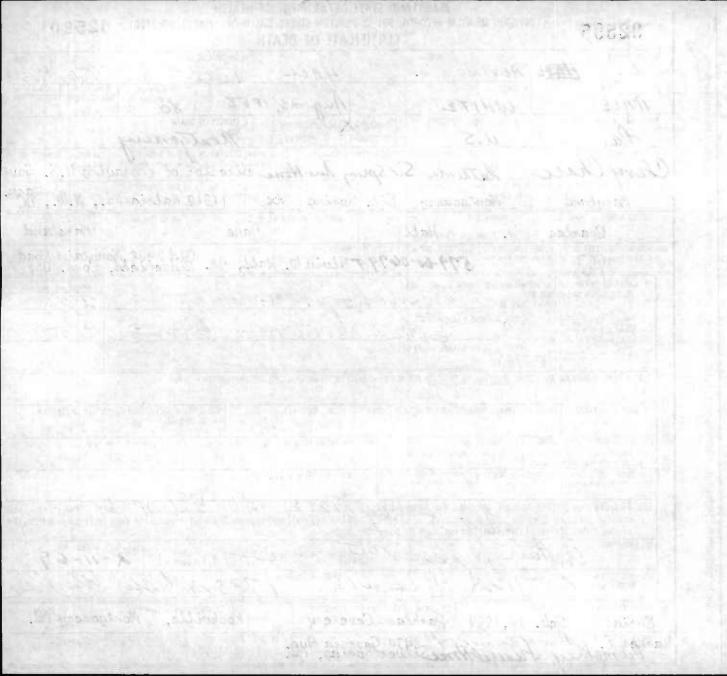
_				erici ii i el	TIE OF DEATH	•			9				
	DECEASED-NAME Type or print)	First	Middle	GRIM	Last	2a. DATE O		oy 69 Yeor	2b. HOUR				
3. S	FX	4. RACE	IVITIVE		DATE OF BIRTH			I IF UNDER 1 YEAR	7 p				
	MALE	CA	VC.		9-8-85		6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.				
70. cau	BIRTHPLACE (Stote or foreigntry)	gn 7b. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O							
	VIRGINIF	-	H	MIDOMED	DIVORCED	MON	TGOMER	Y	Mo				
10.	CITY OR TOWN OF DEATH	11. giv	NAME OF HOSPITAL OR INS e street address)	TITUTION (If nat			N (Kind of work dane		F BUSINESS OR				
1	AKOMA FA	RK W	1934 INGTON	SAN.			red Produ	ice Sale	isman				
13a. adm	USUAL RESIDENCE (Where Dission) STATE	deceased lived, if institution		WAS HI			TREET AND NUMBER	t. NW	/				
14.	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME	- 1	Middle	7.110	Lost				
	TAN	ES	GRIMSI	-11	MI	DRED	em em	TAVI	08				
160	. WAS DECEASED EVER IN U	S. ARMED FORCES?	16b. SOCIAL SECURITY N		ORMANT Julia	H. Gro	sleu Address	5701 5	th Str				
1	Yes, na, ar unknown) (If	yes give war or dates of service)	578-26-2	1085	A SO SOCKATH	FE THE	EXXXXXX	N.W.	Wash Do				
	IB. CAUSE OF DEATH (E	nter anly one cause per	line for (a), (b), and (c),				. 0		IMATE INTERVAL				
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	mely,	X to	mon of	T/2 11	richard	BETWEEN	ONSET AND DEATH				
	1420		AS A CONSEQUENCE OF			100	0000						
	Conditions, if any, which	gove) "	AS A CONSEQUENCE OF		V	V							
	rise to immediate caus		AS A CONSEQUENCE OF										
	last.	last. (c)											
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	BUTING TO DEATH BUT NO	OT RELATED TO 1	HE TERMINAL DISEASE O	R CONDITION GIV	EN IN PART 1(a)						
~													
CATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?	20b. I	F YES, WERE FINDINGS	CONSIDERED IN C	CERTIFYING				
Lin					YES NO	S OF DEATH?	~						
CERT	21a. ACCIDENT WAS UND		OF INJURY	21c. HOW	INJURY OCCURRED (En	nter noture of init	ry in Part 1 or Part 2.	Item 181					
MEDICAL	OR CONTRIBUTING CAUSE			1 10	,		, , , , , , , , , , , , , , , , , , , ,						
MEU	21d. INJURY OCCURRED		/ AT HOME, FARM, STREET, FACT		TION Street or RED 1	No City	r ar Town	County	State				
	While Nat while at wark		OFFICE BUILDING, ETC.	/	The state of the s	····	ar rown	county	51016				
	22a. I certify that (1) (this hospital) at	tended the decease	d fram	2 -4 10	69 to	2 - 21 10	69 that	(1) (1110) 1=0				
	saw the decea:	sed alive an	7-11	9.67, ond 1	hat in (my) (aur) o	pinion death	occurred on the d	ote and hour	and from the				
	causes stated o	bave, (I) (we) (did) (did not) view the b	oady after de	ath.								
	22b. SIGNATURE	- D1	20		ATTENDING TO	MED	STAFF 22c.	DATE SIGNED					
	(20)	-> U	min	DEGREE	PHYS.	MED. DIRECTOR	PHYS. L	-22-	-67				
	22d. PHYSICIAN'S NAME (Type)	zeris s	2 A BKIN	MD.	22e. ADDRESS	Scott	Prive	5.1000	Sping				
3a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF			23d. LOCATI	ON (City or Tawn)	(County)	(State),				
	REMOVAL (Specify)	2-25-196		7	emetery	Suit	tland Pr.	George!	s Md.				
24.	FUNERAL DIRECTOR	Paul ITSmi		1000 DA	r. Md 250. REC'D		2Sb. REGISTRAR	SSIGNATURE	100 F				
Wa	rner E. Puny	phrey. Inc.	8434 Georg	gia Ave	nue DATFE	541 19	68	1	0				

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	Sept Montes			
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		DIVISION	MARYL OF VITAL RECORD	AND STATE DE			AND 21201	- 10		
FOR STATE		02594		EXAMINER'S				02589	9	
HEALTH DEPT.		CEASED-NAME Softype or Print) Betty		Middle	Thuk	01)	20. DATE KNOWN Mon OF ESTI- DEATH MATED 7	nth Doy Year	2b. HOUR	
In y delay is 1, 2, and 3 to m PM3. Page	3. SI	X 4. RACE /	S. DATE OF BIRTH	6. AGE (In year last birthday		HOURS MIN	2c. DATE PRONOUNCED DEAD Month. Jab. Day	23 Year 1967	2d. HOUI	
form P		IRTHPLACE (State ar foreign 7)	CITIZEN OF WHAT COL	INTRY? 8.	MARRIED NEVER MA	ARRIED 9. COU	To only	mercy	N	
e Page with with	10. C	TY OR TOWN OF DEATH	11. NAME Of give street a	HOSPITAL OR INSTITUT	ION (If nat in hospital		CUPATION (Kind of work don f warking life, even if retired		ISINESS OR	
586 13847	13o.	USUAL RESIDENCE (Where decease Imissian) STATE	d lived, if institution: F 13V. COUNTY	Residence before 13c. C	ity or town	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER S	hase pe	Re	
hin 24 hours ncil in Item It niner's Office poges Iona 2	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MA	IDEN NAME First	Middle	La	ıst	
rould be executed within 24 word "pending" in pencil in the Chief Medical Exominer's rial-tronsit permit. File poges any event within 72 hours		NAS DECEASED EVER IN U.S. ARMED FO es, no, ar unknown) (If yes give w	PRCES? or or dates of service)	OCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS			
executed wit nding" in pe Medical Exon i permit. File nt within 72		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			tra-esonhe	real fund	ction with	APPROXIMA BETWEEN ONS		
be execut "pending" iief Medic onsit perm		Conditions, if any, which gave	DUE TO, OR AS A	CONSEQUENCE OF		igoal Jun	JOION WION			
		(b) Tidespread metastases (b) Tidespread metastases DUE TO, OR AS A CONSEQUENCE OF								
ate g th ed t ed t ond		PART 2. OTHER SIGNIFICANT CONDIT	(c) IONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL I	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		5/11	
This certificaticate, writing the farworded libe used os a removol, on	CERTIFICATION	19a. DATE OF OPERATION		ONDITION FOR WHICH VAS PERFORMED?	OPERATION			20. AUTOP	SY?	
Th iffica d be ald b	MEDICAL CER	21g. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M.	Month, Day, Year	21c. HOW INJURY O	CCURRED (Enter natu	re af injury in Part 1 ar Part	2, Item 18.)		
CAL EXAMINER: execute the certion. For your files. CTOR: Poge 3 should creation, cremotion,	MEC	21d. INJURY OCCURRED 21e. PI	ACE OF INJURY (At homory, office building, etc.)		21f. LOCATION Street	or R.F.D. No.	City or Town	Caunty	State	
0 5 5 6		220. I certify that I to death resulted from:	ok chorge of the rer Natural causes			opsy 💢 , Ins	spection (X), Inquiry Undetermined mann		my opinio	
please I direct retaine DIRECT OF TO DIRECT	Į.	ACTUAL O	2 es B	. OS	CHI	IEF MEDICAL EXAMINI SISTANT MEDICAL EXA	ER 🔲	ATE SIGNED		
o DEPUTY necessary, the funerol 5 moy be 0 FUNERAL Health pri		SIGNATURE EXAMINER'S NAME (Type)	VVC J. V J.		DEF	PUTY MEDICAL EXAMI DRESS(Street, city, to	NER 🛛 🔀	8.24,19	769	
TO DEPL necessa the fun 5 moy TO FUNE Health	23a.	BURIAL (REMATION) 23b. I	DATE 169	230 NAM OF CEMET	ERY OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)	
VR A15ME(3)	24.	FUNERAL DIRECTOR	20	ADDRESS		2Sq. RECD-BIT REC	3 1969 REGISTOR	R'S SIGNATURE Jac	dge.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02590 02595 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type or print) Month 3. SEX 6. AGE (In years IF UNDER 1 YEAR Aug. 23, 188 last birthdoy) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Wind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, ever if the tired wing U.S. Tuda event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 176. COUNTY ntgomery odmission) 1319 Kalmia Rd., YES Spring signed by the attending physición and co burial-transit permit. Then please remov burial, crematian, or remaval, and in any 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First Middle Charles Hall Jane Marsland Lertificate | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown)7" 579-60-0679 TAlvin W. Hall attending phys APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES T be detached far use State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from / 1/1/1/1 1969, and that in (my) (our) opinion death accurred on the date and have and from the saw the deceased alive on. directar, page 3 shauld shauld be filed with the causes stated ghave, (!) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR TO HOSPITAL O 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) Montgomery 14, 1969 ilver spring.



VR A15 (4) 45M - 1/69 22d. PHYSICIAN'S

23o. BURIAL, CREMATION.

REMOVAL (Specify)

NAME (Type) James E. Nolan

23b DATE

2-24-1969

23c. NAME OF CEMETERY OR CREMATORY Cemetery Arlington County, Virginia 24. JUNERAL DIRECTOR Wisc. Ave. N.W., Wash., D.C., 20016

2So. REC'D BY REGISTRAR

22e. ADDRESS

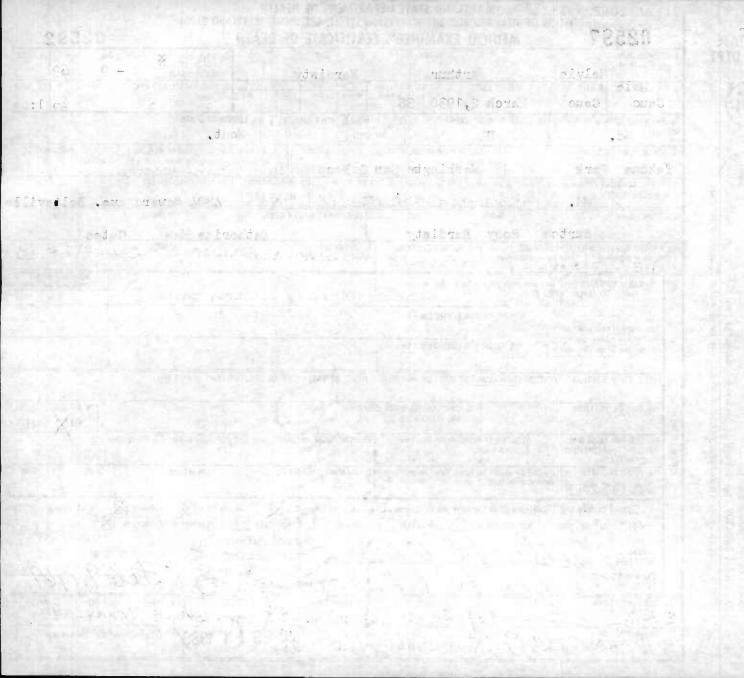
23c. NAME OF CEMETERY OR CREMATORY

25b. REGISTRAR'S SIGNATURE Millemelay Yeroge

5401 WESTERN AUCKIN WASHINGTON DC

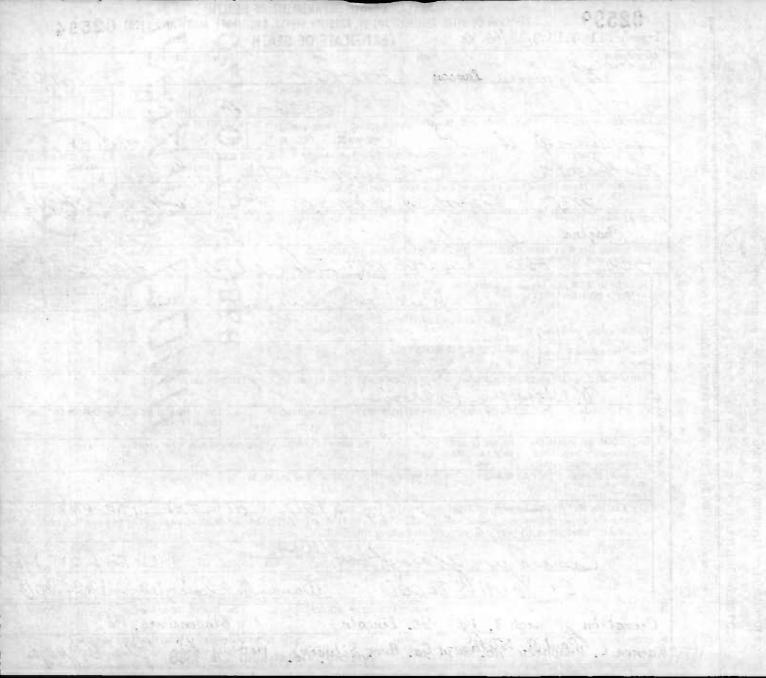
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bical Examiner: se execute the certificar. Page 4 shauld red for your files. ECTOR: Page 3 shaul	WE	AT WORK	NOT WHILE fo	octory, office buildi			P.I.f. LOCATION Street o		5		rTown		County		Stote
bical EXAM blease execute the director. Page 4 etained for your DIRECTOR: Page or to burial, crem			l certify that I t esulted from:	taak charge af Natural cai	/	ribed abav dent [],	e, held an Autap Suicide,	Hamicide		ectian [] Undete	Inq ermined r	quiry X	-	in my	apinian
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	physician. signed by the ottending physician and completely filled in by the Usuariol-transit permit. Then please remove corbon popers. Pages I burial, cremation, or removal, and in any event, within 72 hours after	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 1 Address 1
	1 S C C		Yes no or unknown) (Il yes give wor or doles al service) 4442-03-1377 Elvis 2 both J. Har nother
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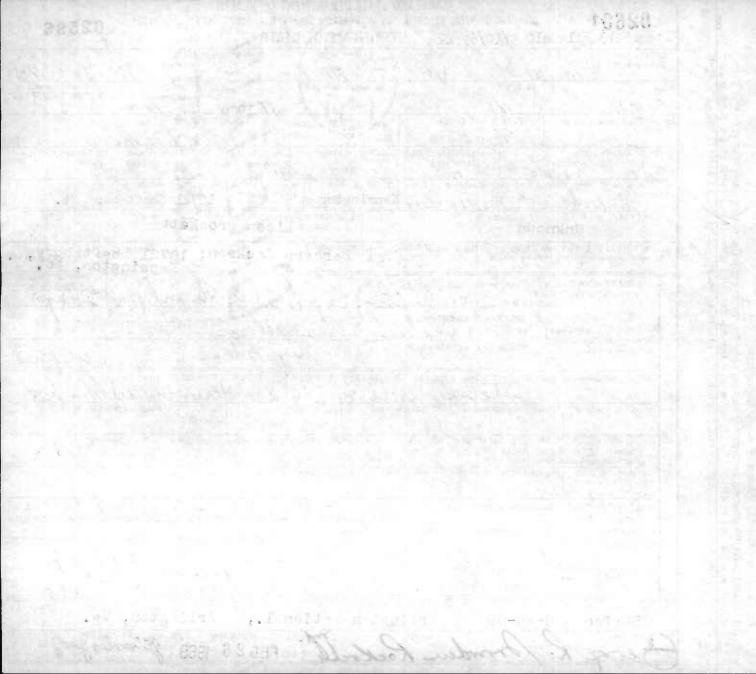
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FAITH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) ESTI-William 9eb delay is and 3 ta Francis Harper DEATH MATED IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SFX 6 Male White Sept 2, 1917 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Wash DC WIDOWED DIVORCED Montgomery Give Pages the State 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol Silver Spring 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY ontgomery 9316 Wire odmission) STATE in pencil in Item/18. Silver Spa. YES NO haurs land 2 after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Offil Mollie Harrison 24 Harper Ir pages hours forwarded to the Chief Medical Examiner's 9316 Wire Ave. 17. INFORMANT within Silver Spring, Md. (Yes no, or unknown) 050(57/03/12 Dorothy Harper E APPROXIMATE INTERVAL within certificate shauld be executed 1B. CAUSE OF DEATH (Enter only one couse per ling for (6), (b), and (c). permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (o burial-transit Conditions, if ony, which gove rise to immediate couse (o), any writing the ward stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 GS or removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING MEDICAL crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🔀 Inquiry Ond in my opinion Accident [7 Suicide X deoth resulted from: Notural couses Homicide Undetermined monner ACTUAL 22b. DATE SIGNED SIGNATURE necessary, Health FXAMINER'S 50 BURIAL CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cedar Nill Cemetery 9eb 11,1969 Avenue | 250. REC'D BY REGISTRAR Pumphrey, Inc. Silver VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



Page 4 may be retained by the haspital ar arrenaing physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers: Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02597

CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Last	2a. DATE	OF DEATH		1475	2b. HOUR
,	(ype or print)	Davi	d		HAUD	tschein	900	Month	Day	Yeor	11 am
3. SI	X		4. RACE		5	. DATE OF BIRTH		6. AGE (In	years	IF UNDER 1 TEAR	IF UNDER 24 HRS.
	male	,	wh	ite		4-16-9:	5	last birth	B YRS.	MONTHS OAYS	HOURS MIN
7o.	BIRTHPLACE (Stote or for	reign 7b.	CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED 🗌	9. COUNTY	OF DEATH			
A	ustriott. 4	-	21.5.0	7.	WIDOWED		mo	nta	ame !	ru	Md.
10. (ITY OR TOWN OF DEATH	0	11. NAME	OF HOSPITAL OR IN	STITUTION (If not			10N (Kind of w		126. KIND OF	
70	Koma 1	Park	Was	et address)	Jan. 8	HUSD KEN	nast at work	ing life, even i	f retired.)	INDUSTRY	GOUT
13a.	USUAL RESIDENCE (Whe	re deceased	ived, if institution	: Residence before	13c. CITY OR T	OWN 13d. INSIDE CITY I		STREET AND N			#
dulii	mission, state m	d	Monta	omery	takoma	Park YES N	10 7	1520	Mapl	e Au	0,016
14. 1	ATHER'S NAME Fire	st	Middle	Last		MOTHER'S MAIDEN NAME	First		Middle	- 11	Last
	Elis	22		Haupts	chein	- 4	eah			Oroxi	wich
	WAS DECEASED EVER IN		FORCES? 16	b. SOCIAL SECURITY	17. 11.	ORMANT	n	4	Address	Tak	ma Pt
	135	WWI	5	77-60-2	047 H	ospetal	Kec	ord	16	00 Car	roll Air
1	18. CAUSE OF DEATH	(Enter only o	ne cause per line	for (a), (b), and (c))	V				APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
4	PART I. DEATH W	AS CAUSED BY IMMEDIATE (CAUSE (a)	nal fai	11110					2 m	
	5 700 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, whi		10.	V							
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	last. (c)										
	PART 2. OTHER SIGNIFI	CANT CONDITI	ONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION G	IVEN IN PART 1	(a)		
N	Carci	nome	104	Bladd.							
CERTIFICATION	19a. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION WAS'PE	RFORMED	20a. AUTOPSY?	CAL	. IF YES, WERE USES OF DEATH?		NSIDERED IN CE	RTIFYING
ERTII	21a. ACCIDENT WAS U	NDEDIVING	Tost Time of the	WIDV	les ueu	YES NO					
	OR CONTRIBUTING CA		21b. TIME OF IN	Manth Day Year	21c. HUW	INJURY OCCURRED (Ente	er nature at i	injury in Port 1	ar Part 2, It	em 18.)	
MEDICAL	(If either, notify medic		P.M.	10							
	While Nat while at wark	Zie. PLA	CE OF INJURY (AI	HOME, FARM, STREET, FAI FICE BUILDING, ETC.	211. LOCA	TION Street or R.F.D. No.). (City ar Town		County	State
	22a. I certify that	(I) (this h	ospitol) attend	led the decease	d from 7	2627 19	67. ta	211-11	19/	9 that	(I) (we) last
6	saw the dece	ased alive	on te	la 18	969. ond t	hat in (my) (our) and	inion deot	h occurred o	n the date	e and hour	and from the
	couses stated	above, (L (we) (did) (di	d not) view the	body ofter de	ath.					
	22b. SIGNATURE	. 8	12	2	D DEGREE	ATTENDING A	MED.	STAFF r		ATE SIGNED	7
	22d. PHYSICIAN'S	4020.	Just	w. , ~	DEGREE		DIRECTOR L	→ PHYS. L		18-6	7
	NAME (Type)	RTH	UR S	Buss		22e. ADDRESS 8	1-16	OCKU	Joal	DR.	Spara
23a.	BURIAL, CREMATION,	23b. DATE	1	235 NAME OF	CEMETERY OR CR	EMATORY	23d. LOP	TION (City or T	awn)	(County)	(State)
*	REMOVAL Specify	12/1	9/1969	9E0.0	WASH	IUBM.	14y	ATTS	/	= a/	18.
24/	EUNERAL DIRECTOR	0	25/	ADDRESS	1/- 10	C 250. PECID E	Y REGISTRAL	969 25b. R	EGISTRAR'S S	IGNATURE	alla.

VR A15 (4) 30M REV. 1/68

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) County State 22a. I certify that (1) (this hospital) attended the deceased from FEB 14, 1969, to FEB 11, 1969, that (1) (we) last saw the deceased alive on 1969, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (and (did not) view the bady after death. 22c. DATE SIGNED 1909 HANOVER ST. SILVERSPRIM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Washington, D. (County) 23o. BURIAL, CREMATION, 23b. DATE (County) (State) 2/19/69 Rock Creek Cemetery 250 RECED BY REGISTRAN 1969 25b. REGISTRAR'S SIGNATURE. 2901-14PHST. N.W. H. HINES CO

02598

IF UNDER 1 YEAR

12b. KIND OF BUSINESS OR

2b. HOUR

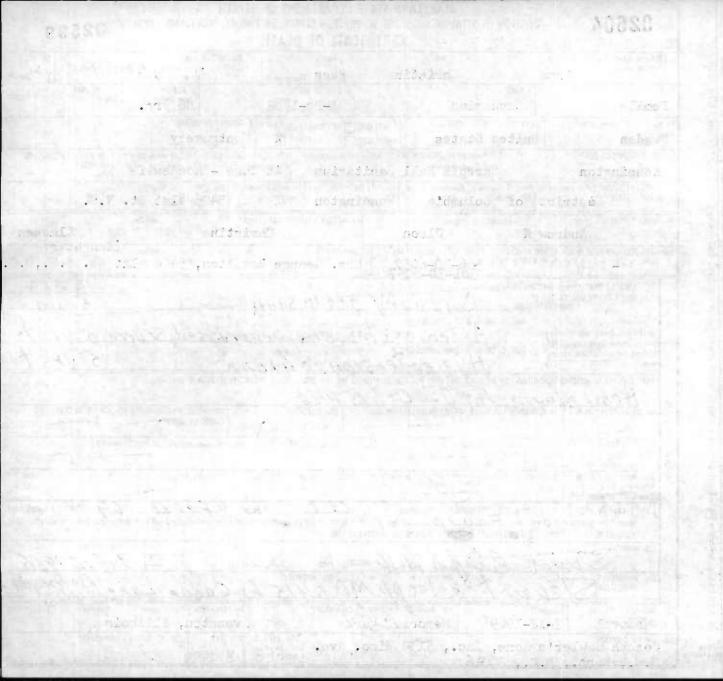
IF UNDER 24 HRS.

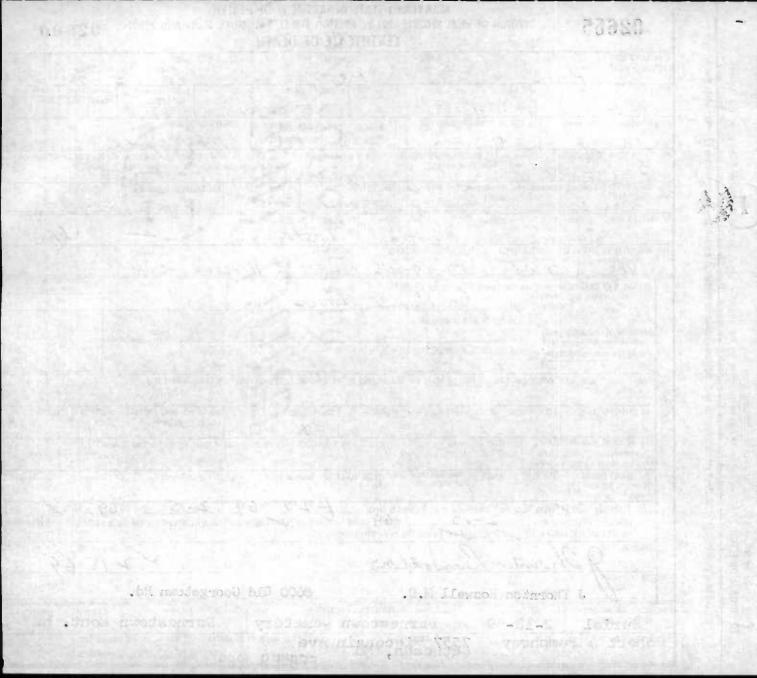
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

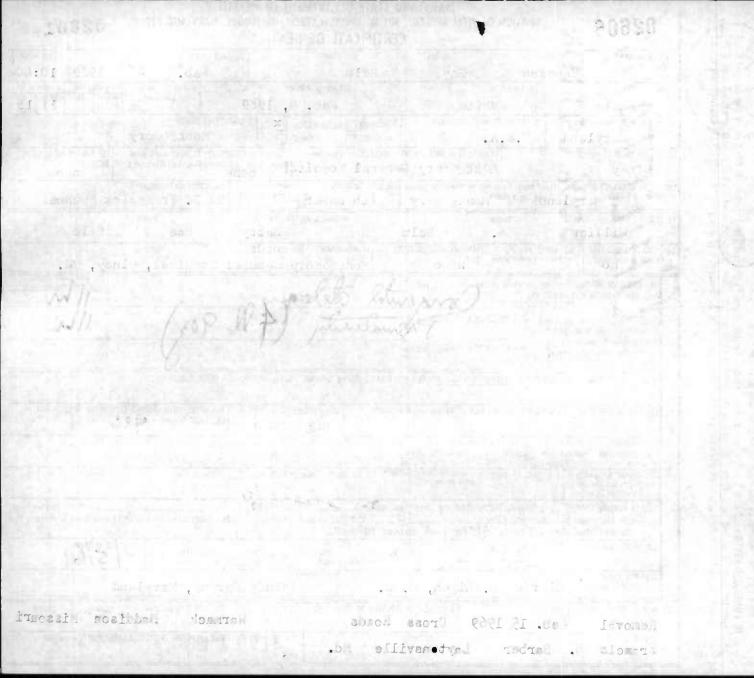
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate-be executed within 24 hours after death.

Page 4 moy be retoined by the hospital or attending physician.

VR A15 (1) 3 30M REV. 1168

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ype or print)	First Vaness	а	Middle Kay	Helm	Last n		2a. DATE OF	eb. 4	Day 1 969	2b. HOUR I
3. SE	x Female		4. RACE Whit		S	S. DATE OF B	IRTH 4, 19		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
7o. 1	BIRTHPLACE (State or fo		CITIZEN OF WHAT		8. MARRIED WIDOWED	NEVER MAR		9. COUNTY OF			Md
10. C	Olney	Н	11. NAM	E OF HOSPITAL OR INS	tillution (if not eneral	in haspital Hospi	+ during m		(Kind of work don life, even if retired	.) INDUSTRY	F BUSINESS OR
13a. odmi	USUAL RESIDENCE (Wh ssian) STATE Mai	ere deceased l	ived, if institution 13b. COUNTY _{MO1}	ution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery GaithersburgYES□ NO□ 22 S. Freder				rick Ave	nue		
14. F	ATHER'S NAME FI	rst A. D.D.	. Middle	lost Helm			AIDEN NAME F	ty	Mae Middle	Riffle	Lost
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) NONE 16b. SOCIAL SECURITY NO. IT. INFORMANT Records Address Montgomery General Hospital, Ol									d.	
	18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF lost. Lost in mediate couse (a), Stating the underlying cause (c) APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH DUE TO, OR AS A CONSEQUENCE OF (c)										
CERTIFICATION	PART 2. OTHER SIGNI 190. DATE OF OPERATION	DN 19b. CON	DITION FOR WHICE	H OPERATION WAS PEI	RFORMED	20o. AUTO	DPSY?	20b. IF	F YES, WERE FINDING S OF DEATH?	63	CERTIFYING
MEDICAL CE	21o. ACCIDENT WAS or convisioning of (If either, natify med 21d. INJURY OCCURR While Not while of work 22a. I certify the saw the de	cause of DEATH ical examiner) ED 21e. PLA at (I) (this becaused alive	ce of injury (å	Month Doy Year 15 T HOME, FARM, STREET, FAC FFICE BUILDING, ETC. ded the decease	ord from 9 ond	ATION Street	et ar R.F.D. Na.	City	rar Tawn occurred on the	Caunty	Stote t (I) (we) last and from the
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	0	Zek.	lid not) view the	WIND EGREE	ATTENDI	ORESS D	MED. IRECTOR I	STAFF PHYS. D	2c. DATE SIGNED	7
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATI		23c. NAME OF			band		ON (City or Town)		(Stote)
24.	FUNERAL DIRECTOR		LJ	ADDRESS Laytonayi		Md.	2Sa. REC D	REGISTRAR	963Sb. REGISTRA	R'S SIGNATURE	Age.



FOR STATE HEALTH DEPT.

PM3 Page necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 character has to consider the funeral director Page 4 character has to consider the funeral director page 1, 2, and 3 to the funeral director Page 1, partment of 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 0260 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02602

		Ype or Print)	Firs KENN		Mic W •	ddle	HEND	Lost ERSO	N		20. DATE KNOW OF ESTI- DEATH MATER	_ 2	Dογ 25	Yeor 19 6 9	2b. H0\$5
	3. St	MALE	4. RACE WHITE	S. DATE OF E		6. AGE (In ye	(1)	DAYS	IF UNDER 2 HOURS	24 HRS MIN.	2c. DATE PRONOL		Yeor		2d. HOUR 8: pm
	coun	BIRTHPLACE (Stor try) Washin	gton, D	7b. CITIZEN OF V	. S. A.	\	WIDOWED [_	RCED 🚾	-	MONTG				Md.
68	10. 0	SILVER	SPRIN	IG give	street oddress)	HOLY	CROS	S HO	Spluring	most of	CUPATION (Kind of working life, even	en if retired.)	INDUSTRY	D OF BUSIN Y Stok	
15	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CRYOCRWYIL 13c. STREET AND NUMBER odmission) STATE MD . 13b. COUNTY MONTGOMERY SIVISIVE YES NO 13312 OKINA											AWA	AVE.		
1	14. F.	ATHER'S NAME	First ASSIUS		lle ENDER SO	Lost N	15. MC	THER'S MAIL		First DN A	PE		WIL		
	16o. ¹ (Y	WAS DECEASED E	VER IN U.S. ARMED	FORCES? war or dates of service II	16b. SOCIAL SE		17. INFO		Hende	erso		DDRESS 103 McL	4 To		n Rd.
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF											BETV	PPROXIMATE II WEEN ONSET A day	ND DEATH
		rise to immed stating the un last.	(c) dascrotifices critar breedings from esophia-												
	z		rr 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(0) Terminal pulmonary edema and aspiration pneumonia.												
2	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20.	AUTOPSY?	NO 🛣			
	MEDICAL CER	CAUSE OF DEAT	OR CONTRIBUTING	HOUR	P.M.	19					e of injury in Por	1 or Port 2, li	em 18.)		
	ME	21d. INJURY OC WHILE AT WORK		PLACE OF INJURY octory, office build		, street,	21f. LOCA	TION Street o	or R.F.D. No.		City or Town	112	County		Stote
			. / /	aak charge af Natural ca		described of		de 🔲,	Homicid	le 🔲,	pectian , Undetermin	Inquiry ed manner		nd in my	apinian
6		ACTUAL SIGNATURE	/200	lellen	16	10	ap	-M.D. ASSI	F MEDICAL STANT MEDI JTY MEDICA	ICAL EXA	MINER -	FEB SATE	SIGNED	5/	769
工		EXAMINER'S NAME (Type)		n Reap				600		cive	county) 1		ran	dvie	wAve.
	230.	BURIAL, CREMA REMOVAL (Spec BURIA	rifv)	DATE arch 1.		NAME OF CEMET				23d.	LOCATION (City o	r Town)	(County)		
	24.	FUNERAL DIRECT	TOR Money	& King,	171 W	ADMESO1	e Ave	1700	2So. RECT	R REG	SISTRAR 2SE 3 1969	REGISTRAR'S	SIGNATUR	RE.	

TO DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02603

		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		DECEASED-NAME (Type or Print) Archie 5. High Smith Death Mated 20. DATE KNOWN Month Day OF ESTI- DEATH MATED 2-20	Yeor 2b. HOUR 1969 84 M
	3. SE	NAIE white 12-15-25 43 YRS. MANTHS DAYS HOURS MAIN. Manth Day Year	2d. HOUR 1969 845 M
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	Md.
01	G	ockville Bethesda give street address) Suburban during most of working life, even if retired. Most	OF BUSINESS OR
5	13o. ad	O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. NSIDE CITY LIMITS?	lve
		FATHER'S NAME First Middle High Smith 15. MOTHER'S MAIDEN NAME First Middle Sh	ORT.
	(Y	Was DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If losgive wor or dates of service) 578-22-2101 // Information Highs multiple 1972 Le	
	0	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aneurysm, congenital, ruptured right mid-cerebral	PROXIMATE INTERVAL NEEN ONSET AND DEATH Sudden.
		4309 DUE TO, OR AS A CONSEQUENCE OF artery Canditions, if any, which gave	
		rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
	ī	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
/	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY? YES NO
	MEDICAL CER		
	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.)	Y State
		220. I certify that I took charge af the remains described obave, held on Autapsy , Inspection , Inquiry , ard death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	nd in my opinion
the .		ACTUAL SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) ACTUAL M.D. ASSISTANT MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	1969
		Burial, Cremation, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY Arlington National Arlington (County)	Va.
		4. FUNERAL DIRECTOR 1331 ROOM VILLE PIKE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VISON Wheeler Funeral Home, Rockville, Md	

VR A15ME (5) 10M REV. 1/68

FOR STATE EALTH DEPT.

PM3. Page

s Office plang with form

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. Buy delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

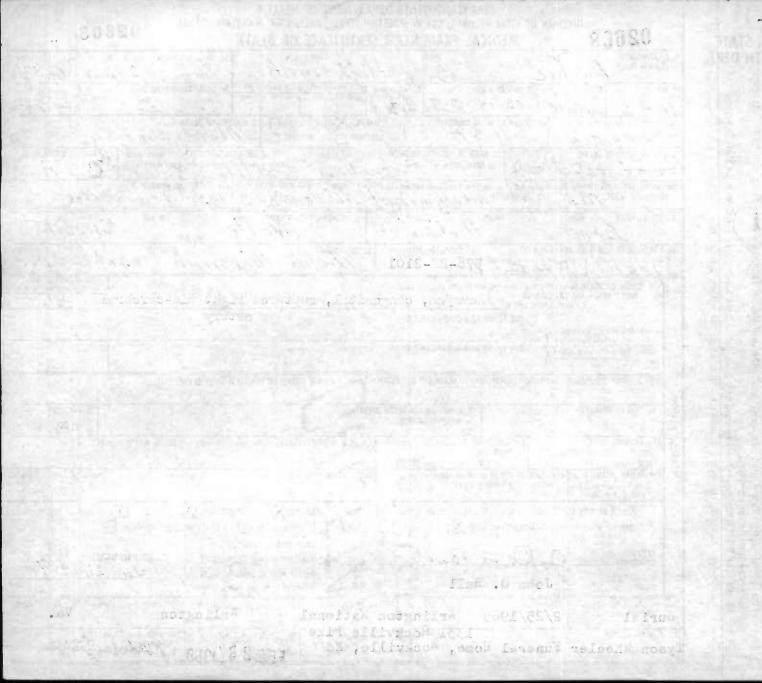
TO DEPUTY

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Department of

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examine

Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.



ate-be executed within 24 hau

MARYLAND STATE DEPARTMENT OF HEALTH

	DIAIZION OF		CERTIFICATE OF DEATH	IIMORE, MA	RYLAND 21201	02	60	4	
First		Middle	Last	2a. DATE O				2b.	HOUR
01	TH		HILDEMAN		Month Do	5-	(eor	98	45
	4. RACE		S. DATÉ OF BIRTH		6. AGE (in years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
	WI	+ ITE	11-7-8	3	last hathday) YRS.	MONTHS	DAYS	HOURS	MIN
	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	DEATH				

[D]	TH	HILDE	MAN	FER	Day	1969	8 45		
3. SEX	4. RACE	S. DATE OF B		6. AGE (in year last bythday)	MONTHS		F UNDER 24 HRS HOURS MIN		
	7b. CITIZEN OF WHAT COUNTRY? 8	B. MARRIED NEVER MAI	- 7 - 83	UNTY OF DEATH	YRS.				
country) Maryland	USA	WIDOWED DIVO	RCED 🔲	MONTGOI	nery		N		
CHEVY CHAP	11. NAME OF HOSPITAL OR INSTI give street address)	TUTION (If not in haspital	durien most of	UPATION (Kind of wark) warking life, even if reti	dane 12b	KIND OF BU DUSTRY	SINESS OR		
130. USUAL RESIDENCE (Where deceose odmission) STATE	13h COUNTY	3c. CITY OR TOWN HEAT CHASE	YES NO NO	13e. STREET AND NUMB 44309 BRA		LAN	12		
14. FATHER'S NAME First John	F. Hilgenan	Is. MOTHER'S M Kate	AIDEN NAME First	liedinst Mid	dle		Last		
16a. WAS DECEASED EVER IN U.S. ARMI Yes, na, ar unknawn) (If yes give wa	r ar dates of service)		t records	Addr	ess				
PART I. DEATH WAS CAUSED	one cause per line for (o), (b), and (c).) BY: E CAUSE (a)	al brone	hopner	imonia.		APPROXIMAT. BETWEEN ONSE:	T ANO DEATH		
Canditians, if any, which gave rise to immediate cause (a).	DUE TO, OR AS A CONSEQUENCE OF	s was cule	n acid	lent Right	Tside	1 m	onth		
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	l arter	inscles	wis.		year	25.		
	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION 19b. CO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDE	CONSIDERED IN CERTIFYING			
OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Day Year P.M. 19		CURRED (Enter natur	re af injury in Part 1 ar Po	art 2, Item 18	3.)			
While Nat while ot wark at wark	LACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			City or Tawn FEB	Caur	nty	State		
1220 cortify that (1) (this	hasnitall attended the deseased	from JANI	11 10 / 0	10	- 10/ 0	41-4 /1	1 / 1 1		

saw the deceased alive an couses stated abave, (1) (w 22b. SIGNATURI 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS PHYSICIAN'S NAME (Type) 0 Oruid Ridge Cemetery

ADDRESS

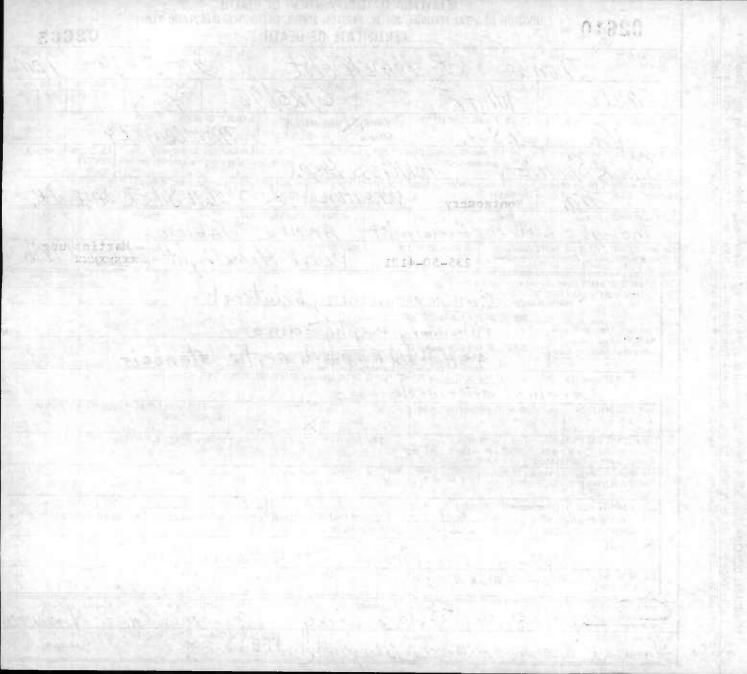
ADDRESS

DATE FEB 2 0 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 2/17/69 John Burns Sons Towson, Maryland 1969

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02606 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH deoth. 2b. HOUR (Type ar print) Manth 4. RACE S. DATE OF BIRTH 6. AGE (In years JF UNDER 1 YEAR white MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S. A. 45510 montgomery DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR remove corban during most of working life, even if retired.) INDUSTRY. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 18d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md 13b. COUNTY 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, na, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony which gave) buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) this certificate has been d for use os the af Health prior to lerio xlerosis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? exploration YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that. (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and havr and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE

22c. DATE SIGNED ATTENDING PHYS. DIRECTOR

22d. PHYSICIAN'S NAME (Type) JEORGE 23b. DATE

24. FUNERAL DIRECTOR

Chorch

Swift

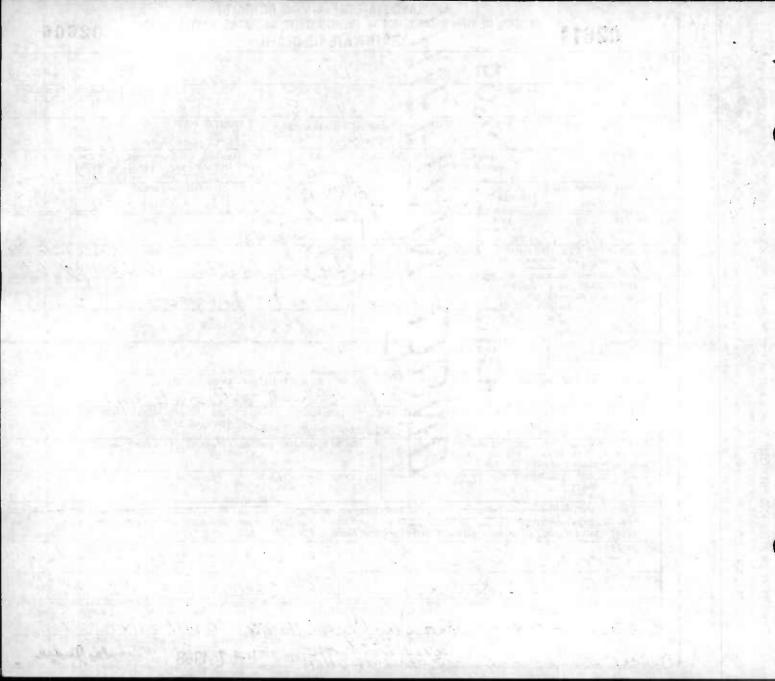
(State)

VR A15 (4) 45M · 1/69

director, page 3 should be filed v

Page 4 may be retained by the hospital or

be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02687

ited within 24 hours after death.	npletely filled in by the funeral	e carban papers. Pages 1 and 2 vent, within 72 hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	director, page 3 shauld be detached far use as the burial-transit permit. Then please replace carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and individually event, within 72 hours after death.

					CL	KIIII	CAIL OI	DLAIII							
	ECEASED-NAME	First		Mid	dle		Lost		2o. DATE					2b. 1	HOURA
(Type or print)	John		Arthu	r	H	Iinzman		F	ebruary	1.7	19	69		10 M
3. S	EX		4. RACE				S. DATE OF B	RTH		6. AGE (In y		IF UNDER		IF UNDER	
	Male		W	hite			7 Oct	ober 19	961.	last birthd	YRS.	MONTHS	OAYS	HOURS	MIN.
70.	BIRTHPLACE (State	or foreign		OF WHAT COUNTRY	? 8.	MARRIEO	☐ NEVER MAR	RIED	9. COUNTY						
_	lest Vir		US			WIDOWED		RCED 🗌		tgomery					Md.
0.	CITY OR TOWN OF Bethesd			11. NAME OF HOSPI give street address	tal or instit Clini	ical	not in hospitol Center			ON (Kind of wo		12b. I INDU		BUSINESS	OR
	USUAL RESIDENC		sed lived, if in 135. COUI	stitution: Residenc		Char	r TOWN :leston	YES NO		street and nu ute 7,		132	В		
4.	FATHER'S NAME	First	Mid		Lost		S. MOTHER'S M.	AIDEN NAME F	irst	ı	Aiddle			Lost	
		Carl	H	. Н	inzmar	1		Mine	rva.				A	dkin	IS
	. WAS DECEASED Yes, no Tor unknow		MED FORCES? war or dates of servi	(e) 16b. SOCIAL Non	SECURITY NO.					ecords A		eña	Ма	20	07/1
-	1					4.1	ie cttii	rear ce	enter,	142119 1	COLIC	sua,		ATE INTERV	
				per line for (o), (b)				T	m 21.					ISET ANO O	
	70	IMMEDI.	ATE CAUSE (o)	Hodgkin		sease	e with.	Hepatio	e rall	ure			MO	nths	
	Conditions, if o	X		OR AS A CONSEQU	JENCE OF										
	rise to immedi		(b)												
	stoting the un		DUE TO,	OR AS A CONSEQU	JENCE OF										
	lost.		(c)												
				TRIBUTING TO DEA	TH BUT NOT	RELATED T	O THE TERMINA	L OISEASE ORG	ONDITION GI	VEN IN PART 1(c)				
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MEDICAL CERTIFICATION	190. DATE OF OP	ERATION 19b.	CONDITION FO	R WHICH OPERATION	N WAS PERFO	RMED	20o. AUTO	PSY?	CALIS	IF YES, WERE FI SES OF DEATH?	NDINGS (ONSIDER	D IN CE	RTIFYING	,
CERT	21o. ACCIDENT	WAS UNDERLYII	NG 21b. TI	ME OF INJURY		21c. H		-		jury in Port 1 o	r Port 2.	Item 18.)		-	-
DICAL	OR CONTRIBUTION	medical exami	TH HOUR	A.M. Month Do P.M.	19										
ME	21d. INJURY OC While Not at work ot v	while D		URY (AT HOME, FARM OFFICE BUILDIN	G, EIC.					ty or Town		Count			tote
	220. I certif	y that (N) (the deceased of	is hospital)	attended the Februar did) (did) (did) (did)	deceased y 19	from on	d that in (X	, 19 <u>(</u> ¥) (our) opi	nion deoth	Treb.	, 19 the do	te ond	, that hour o	(1) (we	e) last m the
	22b. SIGNATURE		e, M (we) (did) (darataly v	iew ille bui	uy oner	ueum.			100	220	DATE SIG	NED		
	1/100	have 1	Ma	eley,	md	DEG	- 11113.				17	Febr	uar		69
	22d. PHYSICIAN NAME (Typ		ael B.	Mosher,	M. D					cal Ceralth, I					014
230	BURIAL, CREMAT	10N, 23b.	DATE - 20-	-69 ^{23c}	NAME OF CEN	METERY OR	CREMATORY		23d. LOCA	TION (City or To		Coun	N) LES	(Stote)	14
	FUNERAL DIRECT	OR2	n		ADDRESS	was	ED.C	2So. REC'O B	Y REGISTRAR	2Sb. RE	GISTRAR'S	SIGNATU	4%		-
1	w.w. c	ranbe	ra Co	14000	Lafor	بر م	mw.	DATEFR	26 1	969 8	Clia	rlas	Joes	ge.	

VR A15 (4) 30M REV. 1/68

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Rockville

BRONCHO PNENMONIA

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Lost

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4/12/1890

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IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

IF UNDER 24 HRS.

HOURS

Last

12b. KIND OF BUSINESS OR

12:35

02613

CERTIFICATE OF DEATH DECEASED-NAME Middle First (Type or print) Rose nmn 3. SEX 4. RACE 5. DATE OF BIRTH Female Caus. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED (duntry) Hungary WIDOWED | USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) University Nursing Home Wheaton 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN

13b COUNTY OMERY

DIVORCED [7] Montgomery 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

20. DATE OF DEATH

9. COUNTY OF DEATH

13e. STREET AND NUMBER 11417 Schuvlkill Road

6. AGE (In years

lost birthday)

Month 26 Doy 69 Year

14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Michael Horvath 16b. SOCIAL SECURITY NO. 17. INFORMANT

160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service)

PART I. DEATH WAS CAUSED BY:

stating the underlying cause

Maryland

312-15-9445 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

Mary E. Mooney-daughter same #

YES [

ATTENDING

22e. ADDRESS

PHYS.

BETWEEN ONSET AND DEATH BLLATERAL

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCT Canditians, if any, which gove) rise to immediate cause (a),

DUE TO, OR AS A CONSEQUENCE OF

DISERSE

13d, INSIDE CITY LIMITS?

NO

YES

2 MOS

(ONONANY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

2Da. AUTOPSY?

2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

DIRECTOR

Month Doy Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town

County

State

While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on-

causes Tifed above (1) (did) (did not) view the bady after death

1969, and that in (my) (our) opinian death occurred on the date and hour and from the

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type) Burnoy A (main)sit

22h SIGNATINE

23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

DEGREE

23d. LOCATION (City or Town) (Con-Hammond, Indiana (County)

(State)

VR A15 (4) 30M REV. 1/68

directar, page should be filed

be exetuted within 24 haurs after

law requires that the death certificate

ATTENDING PHYSICIAN: by the haspital or

and campletely filled in by the

remove carbon

please physicial

permit.

signed by the burial-transit p

within 72 haurs

event,

and in any

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priar ta as the has been

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O FUNERAL DIRECTOR: After this certificate

be retained

CERTIFICATION

4. FUNERAL DIRECTOR Funeral Home 1331 Rock Pike

FEB 2 8 2Sb. REGISTRAR'S SIGNATURE Maria

Rookville, Maryland

and the same time and was about it would be the same at the BREEKERS PRIEDINCELLA BLANDER 3 BANG MYDCHEDIK W. ERICET CONTRACT BELLEVAL DIRECTOR . I TO MA pl sile is some Car Declarate MATER COLDENGA 9501 SURVERS SIL STELLED man-readt. Accept a beneathry designed, and thousand See beelvust . estimino

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

REGISTRAR'S SIGNATURE

2Sb.

02017	CER	TIFICATE OF DEATH		02003
1. DECEASED-NAME (Type ar print) 7	Middle Mone Mane	lost 2a. Hordes	Jeb Month 23 Day	Yeor 1968 9 3 N
3. SEX	4. RACE White	5. DATE OF BIRTH 5/188/		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
70. BIRTHPLACE (Stote or foreign country) Lithreau			m ont going	ery Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTI give street oddress)	hereing Home during most of	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where dece odmissian) STATE	rosed lived, if institution: Residence before	CITY OR TOWN 13d, INSIDE CITY UMITS? YES NO	13e. STREET AND NUMBER 2101 16 Lh St	+ N.W.
14. FATHER'S NAME First ABCAHAM	Middle Last WEIN STEIN	15. MOTHER'S MAIDEN NAME First	Middle	Last
16a. WAS DECEASED EVER IN U.S. A Yes, no. or wiknown) (If yes giv	RMED FORCES? 16b. SOCIAL SECURITY NO. 147-42-62	17. INFORMANT	Harro	E-C
PART I. DEATH WAS CAU	DIATE CAUSE (a) + Culls	Myo CARDIAL J	IN Parelion	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
Conditions, if ony, which gov rise to immediate cause (a stoting the underlying cous last.	DUE TO OR AS A CONSEQUENCE OF	C. J. D.	1.1737	
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PERFORM	MED 20a. AUTOPSY? YES NO M	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLY 3 OR CONTRIBUTING CAUSE OF D (If either, natify medical example of the contribution of the contrib	EATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter natur	e af injury in Part 1 ar Part 2, It	tem 18.)
While Nat while at work of wark	Te. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)		City or Town	Caunty Stote
22o. I certify that (I) (sow the deceased couses stoted abo	this hospitol) ottended the deceosed for olive on 19 (did) (did not) view the body	om 7 7 7 19 6 7 7 19 6 7 7 7 19 6 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	deoth occurred on the dot	
22b. SIGNATURE	3. lle	DEGREE PHYS. MED.	STAFF C	ATE SIGNED
22d. PHYSICIAN'S NAME (Type) Alle	n Cohen MD.	13515 Georgi	a Ave, Silver	Spring, Md.
23a. BURIAL, CREMATION, 231	b, DATE 26.1969 23c. NAME OF CEMET		LOCATION (City or Town)	(Caunty) (State)

ADDRESS

Goldberg Fun'l Home 4217 9th. St. Wash. DC

DATE FEB

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon page should be filed with the State Dept. at Health prior to buriol, cremotion, or removal, and in any event, within it VR A15 [4] 30M REV. 1/68

24. FUNERAL DIRECTOR

funeral and 2 er death.

be executed within 24 hours after deoth.

dertificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 moy be retoined by the hospital or attending physician.

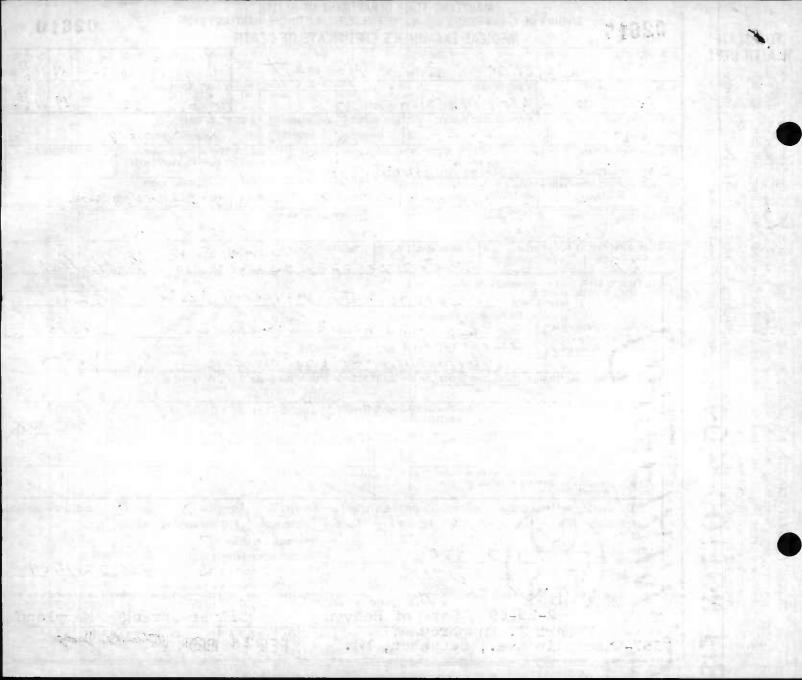
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The street of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02610 FO STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type ar Print) ESTI-1969 Caroline Page Feb DEATH MATED 0 of o ny delay i 2, and 3 t pages land 2 with the State Department 4. RACE IF UNDER 24 HRS. HOUR 3. SEX S. DATE OF BIRTH Day last birthday) Year 1969 W. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign MARRIED NEVER MARRIED Office along with farm Montgonzers DIVORCED [Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OF after death 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13b. COUNTY Montgomery admission) STATE Mc Bethesda em-18 YES NO 5524 after 15. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME haurs 4 should be farwarded to the Chief Medical Examiner's .⊑ 17. INFORMANT certificate shauld be executed within in pencil File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH burial-transit permit. PART I. DEATH WAS CAUSED BY: "pending" Coronar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ardio Vascular Disease -Years Conditions, if ony, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Generalized. Arterio Sclerosis 4-6215 .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D 0.5 removal, used 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19a, DATE OF OPERATION WAS PERFORMED? YES [NO X This please execute the certificate, 3 shauld be 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 PRIMARY OR CONTRIBUTING crematian, SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State far yaur factory, office building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page NOT WHILE priar ta burial, Inquiry 170 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY SIGNATURE 706.22,1969 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) 50 23a. BURIAL XREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2-25-69 Gate of Heaven Maryland Silver Spring 24. FUNERAL DIRECTOR RObert A. Pumphreyaddress 25b. REGISTRAR'S SIGNATURE 1969 7557-Wisconsin Ave., Bethesda, Md. VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02611

02616 CERTIFICATE OF DEATH Middle Last 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME First requires that the death certificate be executed within 24 hours after death (Type or print) ROBERT Feburary Irving HOSKINSON 12, 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR sician and completely filled in by the lease Temove corbon papers. Pages last hirthdoy) NOURS Male White January 30, 1890 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Virginia U.S.A. WIDOWED A DIVORCED [Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 12005 Remington Drive during mast of working life even if retired.) Silver Spring 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. Silver SpringX 12005 Romington Drive NO T 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Holland Hoskinson Laura M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 578-05-7625A YN mo, ar unknown) (If yes give war or dates of service) Julian H. Hoskinson - son same item 12 signed by the ottending physburiol-tronsit permit. There burial, cremotion, or removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

| MMEDIATE CAUSE (0) ____ 1 week Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove arteriosclerotic cardiovascular disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) d for use os the of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot wark 220. I certify that (I) (this point of ottended the deceased from October, 1965, to Feb. 12, 1969, that (I) (we) last sow the deceased olive an Feb 11, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR **ATTENDING** MED. DIRECTOR STAFF PHYS. director, poge 3 Feb 12, 1969 224 ADDRESS University Blvd. W. Silver Spring 22d. PHYSICIAN'S Raymond Bradshaw NAME (Type) 23c_NAME OF CEMETERY OR CREMATORY Rockville 23d. LOCATION (City or Town) (County)
Rockville, Maryland (State) 23a. BURIAL, CREMATION, 23/14/69 Tyson Wheeler Funeral Home 1331 Rock. Pike DATEEB 13 969 25b. REGISTRAR'S SIGNATURE DATEEB 13 24. FUNERAL DIRECTOR

Rockville, Md.

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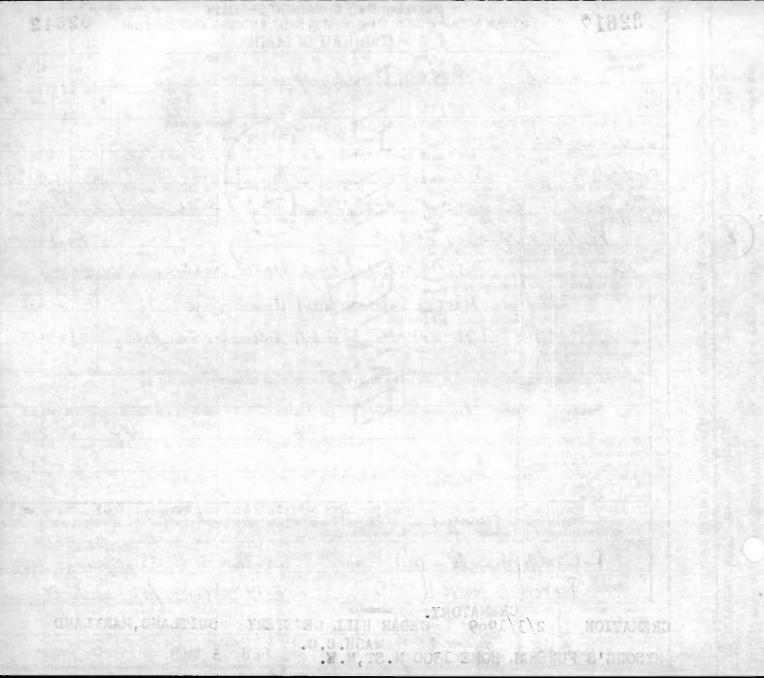
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02612

CERTIFICATE OF DEATH

	_										
±2-		CEASED-NAME	First .	Middle	2	Last	2a. C	DATE OF DEATH			2b. HOUR
de de de	(ype ar print)	IARIE	ARAM	0 16	WELL		Manth	Doy	196 9	2 7 M
3-14	3. SI	X		4. RACE	S.	DATE OF BIRTH		6. AGE (In year	S IF UND	ER I YEAR IE	UNDER 24 HRS
a e e	4	Fmale		white,	(.	5/20/93		last birthday)	YRS. MONTH	OAYS	HOURS MIN
in by the ers. Pages 2 hours at	70	BIRTHPLACE (State or	oreign 7h	CITIZEN OF WHAT COUNTRY?			o com	NTY OF DEATH	1K3. 0	13.	
in to	EOU		dreight /b.			NEVER MARRIED	11/1	/			
ed upe	2	oth CAR	011119	434	WIDOWED	DIVORCED		NEOMER			Md
量量	10-0	ITY OR TOWN OF DEA	TH	11. NAME OF HOSPITAL OR INS	STITUTION (If nat i			PATION (Kind of wark arkingslife, even if retin		. KIND OF BU	ISINESS OR
Po po €		ETHESOL		DUBUIDAN H	ospital	THO	usel	VITE	17	DUSTRY	Wite
olet cor ent,				ived, if institution: Residence befare	13c. CITY OR TO			13e TREET AND NUMBE	ER	01	
kompletely filled ove corbon pape y event, within 77	77	BRUGOC		134 GOUNTY (Theory C	RASE YES	NO .	3528 HAN	nLEY	11/	25=
	14. 1		irst,	Middle Last	V 15. N	NOTHER'S MAIDEN NA	WE First	Midd	dle	2	Last
cian and ease rent ond in ar		W	lian	NARGON FRAN	4	(1	DOC.			Bn 112	pRed
and ass	16a.	WAS DECEASED EVER	IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFO	DRMANT	7	Addie	ess	2002	7.00,
S d b	Y	es, no, or unknown)	(If yes give wor or	dates of service)	CEL CEC	il L. How.	E14.	Turken 1	011	nami	,
an. by the attending physic tronsit permit. Then ple cremation, or removal, c		10 CANCE OF DEAT	11.75			12 1-11-1	2,00	manya.	040.	APPROXIMAT	E INTERVAL
ling Terr		PART I. DEATH	M (Enter anly a WAS CAUSED BY	ne cause per line far (a), (b), and (c).		1 111				BETWEEN ONSE	T AND OEATH
attendi permit. ion, or r		11200	IMMEDIATE (itra cere	ebral Ite	morrh	rage		Inc	nth
aff on,	100	7007		DUE TO, OR AS A CONSEQUENCE OF					100		
		Canditians, if any, w		(b) Rupture of Ar	ellysom o	flest Ant	EVICT CE	rebral Anti	ery	1 me	mth_
by ron rer	-	stating the underly		DUE TO, OR AS A CONSEQUENCE OF	4)		
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physician. signed by the burial-tronsit buriol, crema'	8	PART 2. OTHER SIGN	IFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE	OR CONDITIO	N GIVEN IN PART 1(a)		10706	
	2										
tending s been as the priar to	CERTIFICATION	19a. DATE OF OPERATI	ON 19b. CON	DITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDI	INGS CONSIDE	RED IN CERT	TIFYING
	E	AST 1144				YES NO		CAUSES OF DEATH?	100		
id or of icate he for use Heolth	CERT	21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF INJURY	21c HOW			af injury in Part 1 ar Pa	ort 2 Item 11	3)	
	B	OR CONTRIBUTING		HOUR A.M. Manth Day Year	210.11011	mont occonned (Lines Harore	as injury in rain rain rain	un 2, nom m	<i>y-1</i>	
spilt ertif ed t. of	MEDICAL	(If either, natify med		P.M. 19	7007) 015 1051	TION S D.S.O.	A)	<i>C</i> • *	-		f
hospi is cert tached tept. o		21d. INJURY OCCURE While Not while	ZIE. PLA	CE OF INJURY (AT HOME, EARM, STREET, EAC OEFICE BUILDING, ETC.	211. LOCA	TION Street ar R.F.D	. Na.	City ar Tawn	Cau	nty	State
te D	4.5	at wark at wark									
by Stail	3	22a. I certify th	at (I) (this h	aspital) attended the decease	ed from 124	Camber 31,	9.68	to February 2	, 1969	_, that (I) (wer) last
ed %: A		saw the de	ceased alive	on February 1 1	body after de	not in (my) (our)	opinian d	eoth occurred on th	ne dote on	d hour on	id from the
10 th		22b. SIGNATURE	ed abave, (i	(western) (and man) view me	body differ det	A1111.			22c. DATE S	CNED	
be retaine DIRECTOR: ge 3 should led with th		P	· ATBO	7 to -00 mD	DEGREE	ATTENDING X	MED.	STAFF	_		1010
DIR DIR iled 3		22d. PHYSICIAN'S	servo)	Havel My	DEGKEE	PHYS. 22e. ADDRESS	DIRECTOR	LI PHYS. LI	Februe	ry Z	1767
4 may be NERAL DIR for, poge Ild be filed		NAME (Type)	Rabers	+ R Havell N	ID	ZZE. AUUKESS	16N01	braska Ave	- 1 /	sh. De	_
Tor to did											
Poge 4 may TO FUNERAL director, po		BURIAL, CREMATION,	23b. DATE	CREMATORY NAME OF		EMATORY	23d.	LOCATION (City or Town)	TA A TOTAL	inty)	(State)
500/	~ ~ `	EMATION	1 2/	3/1969 CEDA				SUITLAND,			
VR AIS (1)	24.	FUNERAL DIRECTOR	Herry.	Ef. Alysong ADDRESS	WASH.	D.C. 2Sa. REC	D BY REGIS		RAR'S SIGNA	TURE	ands.
45M - 1/69	H	YSONG'S	FUN ERA	IL HOME 1300 N	.ST, N.	DATE	ED :	5 1969		1	7
					FIRST CO.						



02618

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by director, page 3 should be detached for use os the burial-transit permit. Then please removes corbon papers. Pshould be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event within 72 hour

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02613

	_					KIIIICA	IL OI DEATH					_
		ECEASED-NAME Type ar print)	First		Middle	1	Lost	2a. DATE OF	DEATH Month	Doy	Yeor	2b. HOUR
T	3. S	X	ann	1. RACE	ω	15	DATE OF BIRTH		6. AGE (In years	7	1969 INDER I YEAR	IF UNDER 24 HRS.
		male		wh	ite		5/20/	85	last birthday)	YRS. MON		HOURS MIN
		BIRTHPLACE (Stote or fo	reign 7b.	CITIZEN OF WHA	00		NEVER MARRIED	9. COUNTY OF		1		
L		CITY OR TOWN OF DEAT	ck!	4.		WIDOWED 🔀	DIVORCED _		Monte		ery	N
		Beth	eada	give st	ME OF HOSPITAL OR INSTIT	chow			(Kind of work d		2b. KIND OF E	-
	13a. odm	USUAL RESIDENCE (Whe		ived, if institution 13b. COUNTY	n: Residence befare 13	Schui			REET AND NUMBE	R	RI	1
	14.	FATHER'S NAME OF FIR	st	Middle	-/ Last	15. M	OTHER'S MAIDEN NAME		Midd	le	On.	Last
	1/-	John	V ADMED I	COD CECO	Howes		Clew 7	ellice	9.	2	Sleem	an
		es, na, or unknown)	V U.S. ARMED I (If yes give war or d		16b. SOCIAL SECURITY NO.	17. INFO	rmant Larr	ison S.	Howe	ss often	one as	above
		18. CAUSE OF DEATH	(Enter anly or	ne couse per line	for (o), (b), ond (c).)	0		0 0				ATF INTERVAL SET AND DEATH
-		PART I. DEATH W	IMMEDIATE C		peliova.	rcula	v acce	dant			10	day
		Conditions, if gny, wh	ich gove)	DUE TO, OR AS	A CONSEQUENCE OF	000	Carre O.	-17	to the		11.	
		rise to immediate co	use (a), (A CONSEQUENCE OF	an v	venerally	ies an	ervides		10.	jean
	9	stoting the underlyin last.	g couse	(c)	A CONSEQUENCE OF	_						
	8	PART 2. OTHER SIGNIF	ICANT CONDITIO	ONS CONTRIBUTI	NG TO DEATH BUT NOT I	RELATED TO TH	E TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(o)			
	NC				_							
	CATION	190. DATE OF OPERATIO	N 19b. COND	ITION FOR WHIC	H OPERATION WAS PERFO	RMED	20o. AUTOPSY?	CATICES	YES, WERE FINDING OF DEATH?	NGS CONSI	DERED IN CEI	RTIFYING
	CERTIFI	21o. ACCIDENT WAS U	NDEPLYING	21b. TIME OF	HALHIDV	In. HOW	YES NO				101	
	MEDICAL	☐ OR CONTRIBUTING ☐ C. (If either, natify medic	AUSE OF GFATH	HOUR A.M.	Manth Doy Year	ZIC. NOW	INJURY OCCURRED (Ente	er norure at inju	y in ron I arra	n Z, Hem	18.)	
	ME	21d. INJURY OCCURRED While Nat while of work	D 21e PIAC	E OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f. LOCAT	ION Street or R.F.D. No	a. City	ar Tawn	Ca	unty	Stote
		22a. I certify tha	t (I) (this he	aspital) atter	ded the deceased	fram	7 , 194	26, to 7	Tobusy,	19/09	, that	(I) (we) la
		causes state	d abave, (I)	(we) (did) (c	did not) view the bac	dy after dea	iat in (my) (our) ap th.	inian deoth o	occurred on th	e dote a	ınd haur o	nd fram th
		22b. SIGNATURE	0	000	0 34		ATTENDING C	MED.	STAFF	22c. DATE	SIGNED	
		22d. PHYSICIAN'S	redis	LALL!	het ed	DEGREE		DIRECTOR \Box	PHYS.	2/5	7/69	
			REDET	eich.	S CAUSE	ren		CHUI	me,	127	12.	
	230.	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE		23c. NAME OF CEM				N (City ar Tawn)	Co.(Co	ountyMar	
	24.			-1969	Fort Lin			Wolma BY REGISTRAR	r Manor,			eorges
	-"	Joseph Gaw N.W. Wash			nc., 51850 V	VISC. I	DATE FEE		CO COL	AM S SIGN	L Uned	AR.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

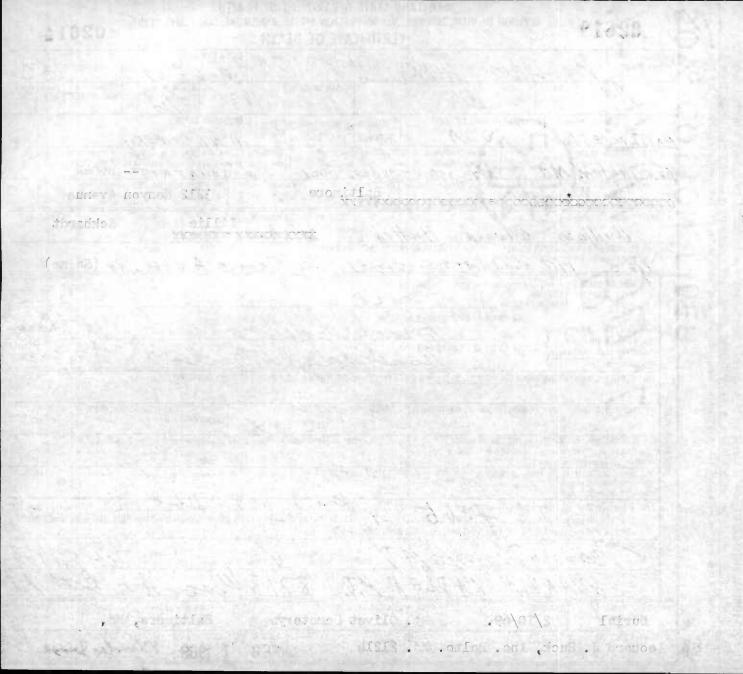
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		ECEASED-NAME (Ype or print)	LIAM 1	Middle FENRY +	4 DOSTTON	20. DATE OF DEATH 2-6-Manth Doy	Yeor 3 PH M
1	3. SE	19	4. RACE		5. DATE DE BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1.	caur	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COULD	MAKKIED	NEVER MARRIED	9. COUNTY OF DEATH	
	10. 0	IT INORE, NO		OSPITAL OR INSTITUTION (If		MONT SOMERY AL OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
90	KE	KSINGTON MC	give street odd	STON GARDEN	5 Sav. during m	ost of working life, even if retired.)	BEORR
30	13o. admi	USUAL RESIDENCE (Where deceosissian) STATE (1910)	ed lived, if institution: Resi	dence before 13c CITY D	R. TOWN 13d. INSIDE CITY LI		Avenue
4		ATHER'S NAME First William	Edward	Hutton	S. MOTHER'S MAIDEN NAME F	irst Lillie Middle	Eckhardtlast
	16o. Y	was deceased ever in U.S. ARA es, no, or unknown) (If yes give y	MED FORCES? 16b. SO War or dates of service) Warld Wolf		INFORMANT 7 REV GER	Address RALD A CRESMA	v (Sa me)
G		V. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per line for (a D BY: ATE CAUSE (a)), (b), and (c).)	p		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove	DUE TO, OR AS A CON	SEQUENCE OF	h Sh nous	mania	30lars
		rise ta immediate couse (a), stating the underlying cause last.	(b) DUE TO, OR AS A CON	SEQUENCE OF Dener	alling ar	t, scler,	2915,
	~	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
2	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	EDICAL CE	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. Month	Day Year		r noture af injury in Part 1 ar Part 2, It	tem 18.)
	M	at wark of wark	(OFFICE BO	JILDING, ETC.	OCATION Street or R.F.D. No.		Caunty State
		22a. I certify that (I) (the saw the deceased a causes stated above	is hospital) att total live on e, (I) (we) (did no	the deceased from 19 67, of	d that in (my) (o ur) o pi deoth.	nion death accurred on the dot	te ond hour and from the
H		22b. SIGNATURE	in Wastle	er MD DEG	REE PHYS.	IED. STAFF 22c. D	Pet 5, 1969
1		22d. PHYSICIAN'S NAME (Type)	VIN WA	PLEPM.	7 22e. ADDRESS 2/8	Wisc. Av	, Beth. Id.
			DATE 2/10/69.		t Cemetery	23d. LDCATION (City or Town) Baltimore, M	(County) (State)
DR	24. I	funeral director Leonard J. Ruck	, Inc. Balto	Md. 21214	2Sa. REC'D B		A

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs of the death.

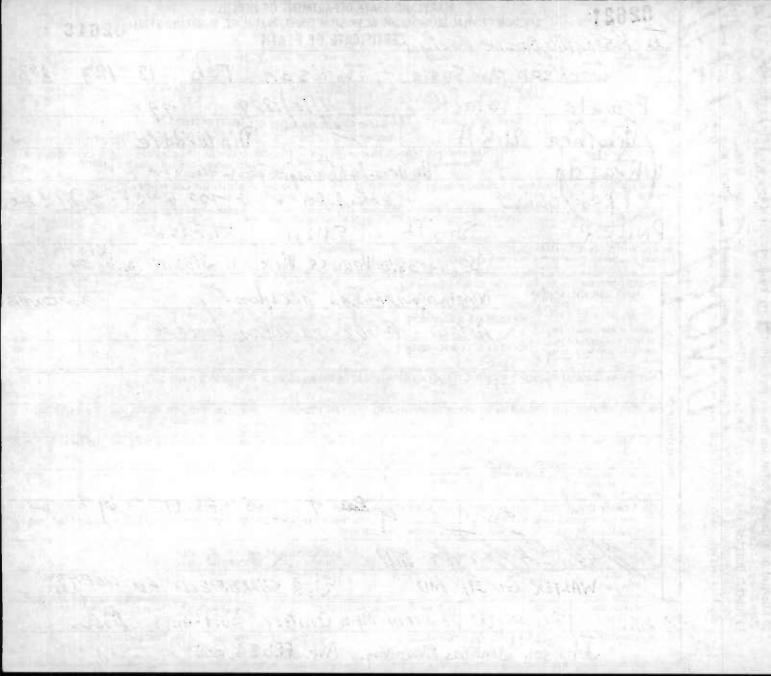
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate de executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



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11	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECODOS 301 W DESTON STREET BALTIMODE MARYLAND 21201
5	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02615
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offer the fundamental states of the fundamen	3. SE	Temale Black S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.
cuted within 24 hours ofter death	7o. I	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
hin 24 Filled n pope ithin 7	10. 0	ITY OR TOWN OF QEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
couted withing completely find the corban by event, with		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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be execute nand complete remaye every	14.	ATHER'S NAME First Middle Sm. Lpst Worther'S MAIDEN NAME First TICKER Lost
physician nen pleose noval, ana		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT BERNICE MITCHELL ST30 N. CAPITAL ST. 17. INFORMANT BERNICE MITCHELL ST30 N. CAPITAL ST.
ot the death c the ottending nsit permit. The mation, or rem		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. (b) AN ENTER CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) AN ENTER CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF
w requires th ding physicion een signed by the burial-tro ir to burial, cre	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The low re or ottending e has been use os the lath prior to by	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?
AN: Il or cate or u	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19
		21d. INJURY OCCURRED While Not work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work 21f. LOCATION Street or R.F.D. No.
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detact should be filed with the State Dep		22a. I certify that (I) (this hospital) attended the deceased from 1964, and that in (my) (see apinion death occurred an the date and hour and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.
TAL OR ATTENION by be retained AL DIRECTOR: A page 3 shauld e filed with the		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
O HOSPITAL Page 4 moy O FUNERAL I director, pog should be fil		22d PHYSICIAN'S NAME (Type) WALTER GOOTH MD 220. ADDRESS 2309 SHOKEFIELD RD WHERTON MD
TO HOSPI Page 4 n TO FUNER director, should b	230. B	BURIAL, CREMATION, 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY COUNTY (Stote) REMOVAL (Specify) TEL 20, 1969, NICOIN MEM. CEMETERY SUITEMENT MEM.
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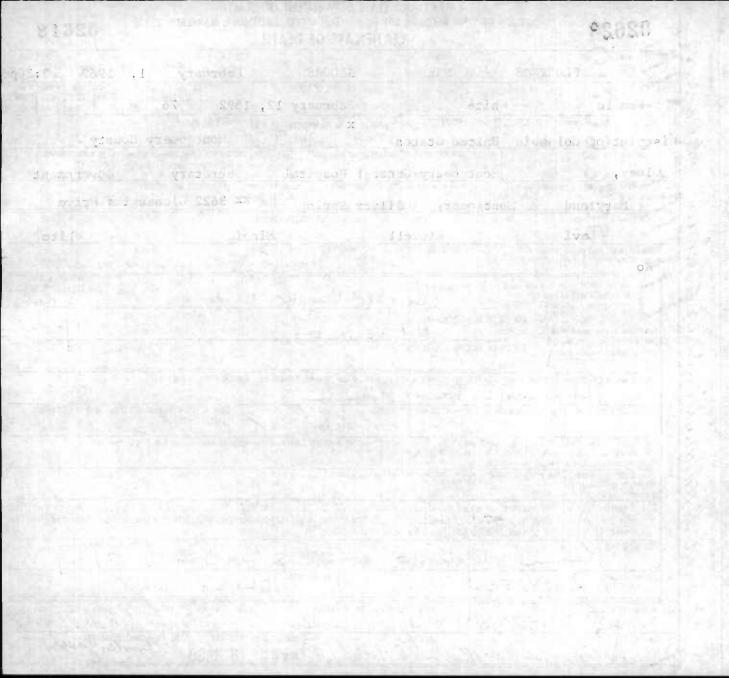
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02623 02618 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last death. (Type or print) Doy 1969 FLORENCE **JACOBS** 2:30mm MAE February IF UNDER 1 YEAR IF UNDER 24 HRS within 24 hours after pletely filled in by the fu 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost hirthdoy) HOURS White February 12, 1892 Female 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED United States WIDOWED DIVORCED Montgomery County District of Columbia 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY carban Olney, Montgomery General Hospital Secretary Government 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? xecuter campl COUNTY NO SOC 3622 Gleneagles Drive Silver remove Maryland Montgomery and in any Middle 14. FATHER'S NAME First Middle last IS. MOTHER'S MAIDEN NAME First Lost Kidwell Levi Minnie White please requires that the death certificate 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN Address Yes no or unknown) (If yes give war ar dates of service) remaval Dusne APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) a crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit p -tenosul rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending has been prior ta as the 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? The YES [O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be retained by the haspital af (If either, natify medical exominer) P.M. detached Dept. 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Nat while at work State [TENDING 22a. I certify/that (I) (this haspital) attended the deceased framand that in (my) (our) opinion death occurred on the date and hour and from the sow the decased olive on. shauld causes stated obove. (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNEDI 22b SIGNATURE ATTENDING DEGREE PHYS DIRECTOR director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S OLNEY ma NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATUR ADDRESS 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR ARSTA 30M REV.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) George Johnson ESTI-Feb. 4. DEATH MATED 3. SFX 4. RACE 5. DATE OF BIRTH 2-13- 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White 1908 1908 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Montaomeru Minnesota U.S.A. WIDOWED | DIVORCED [Give Poges 13. NAME OF HOSPITAL OR INSTITUTION (If not in bospital pt 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give steep addess New Hampshire Ave. Silver Spring 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery Sil. Spr. in Item 18. YES X NO 15502 Gallandet Avenue Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hictor Domish Katherine Johnson hour Examiner pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, go, or unknown) (Usyes give war or dates of service)

Korean 475-16-2884 Hehen A. Gallaudet. File = within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pyelonephritis - Jerminal pending DUF TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove Cachexia - Terminal rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= Amyotrophic Lateral Sclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 0 Carcinoma Prostate: removal, 190. DATE OF OPERATION WAS PERFORMED? execute the certificate. 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 and in my apinian Natural causes Acrident Suicide . death resulted from: Hamicide Undétermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Heolth Beldon Reap. DME NAME (Type) 0 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE y Charles Judge. VR A15ME (5) Inc. 8434 Georgia

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 62 FilmG410 3/10/69 kk 02620 CERTIFICATE OF DEATH 1. DECEASED-NAME First. Middle 20. DATE OF DEATH Lost 2b. HOUR the death certificate be executed within 24 haurs after death tuneral and (Type or print) E. FIMERNO JONES 69 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) 1888 MALE NEGRO JAN 4. 81 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) papers. U.S.A. WIDOWED DIVORCED and in any event, within 72 campletely filled MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR please remave carban give street oddress) during most of working life, even if retired.) **POOLESVILLE** Rural 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY F YES MONTG NO V JONESVILLE. 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Lost Middle Lost JONES HENRY MIRAH PETERS physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give wor or dates of service) POOLESVILLE, MD affeeding phys MRS HANNAH JONES burial, crematian, ar remava 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) permit. months DUE TO, OR AS A CONSEQUENCE OF 041050 0W513 Conditions, if ony, which gove signed by the burial-transit erobro Vascu rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? af for use YES 🗔 NO [TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work of work 22a. I certify that (I) (this haspital) attended the deceased from 28 flow, 1949, to 24 fob, 1967, that (I) ast saw the deceased alive on 31 144 1969, and that in (my) (aux) apinion death accurred on the date and haur and from the shauld be filed with the causes stated obove, (1) (and (did) (did ob) view the body after death. 226. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN! 22e. ADDRESS NAME (Type 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 2-27-69 ELIJAH CEMETERY 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR ROBERT SNOWDEN ROCKVILLE.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02626 02621 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR death. 24 hours after death (Type ar print) Manth campletely filled in by the funeral February arry ones 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) DAYS aucasian 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? (ountry) Kansas WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address during most of working life, even if retired.) 12200 event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER SilverSpring 12200 Reminator IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Midlewton, Jores Carrie 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) 215 462410 Saline W. Jones 12200 Remington Drive. S 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: erebro-Vascular IMMEDIATE CAUSE (a) rterioscleratic cardiovascular disease Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate has been 19g. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) attended the deceased fram June 1953, to Feb 8 saw the deceased olive an Feb 8 1969, and that in (my) (our) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING 22e. ADDRESS SILVEY 345 Universi NAME (Type) Dring directar, 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery ille Montgomery
25b. REGISTRAR'S SIGNATURE Rockville 2-11-1969 EW Mac. E. Wisor ADDRESSILVER Spr. Md 250. RECD BY REGISTRAR VR A15VA Municipal young Pumphrey. Inc. 8434 Georgia Avenue

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VS A15 (4) 15M 9/55 02627

MARYLAND	STATE I	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
Ttoma	Fill malin	0 2/17/60 V	le .		

CERTIFICATE OF DEATH

02622

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence o. STATE b. COUNTY	
11011100111111	to the second se	GOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
STIVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address)	SILVER SPRING	IS DESIDENCE.
OR INSTITUTION HOLY CROSS HOSPITAL	d. street address 11901% & & GEORGIA AVE.	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print) LAWRENCE F	TUDGE 4. DATE OF DEATH FEB 6	Day Yeor 69
MALE WHITE WIDOWED DIVORCED	SEPT 2 1897 (ast birthday) Months Do	YEAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) RETIRES RETIRES	STRY 11. BIRTHPLACE (State of foreign country) 12. CITIZI	S , A
13. FATHER'S NAME	14. MQTHER'S MAIDEN NAME	
JOHN JUDGE	CATHERINE FINNE	RAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. 9r unknown) (If yes, give your or date) of service)	ATIAL HOBBS - 1902-L	SP. HO
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	111111111111111111111111111111111111111	INTERVAL BETWEEN
DART I PEATU WAS CAUSED BY	carded infantion	2 This
4109 DUE TO OUT.		50
Conditions, it only, which gave rise to immediate	CardioVascular austasi	2 dri
coese (o), stating the <u>under-</u>		
(-)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY
OHO CALLED TO THE STATE OF THE		PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 of work of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased from 7/2	, 196, to Fab. 6, 1969, that I la	st saw the deceased
alive on 2/6 , 1969 A, and that death	occurred at 4:12 P.M. from the causes and an the	date stated above.
ACTUAL Musin & Venkin	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE SIGNATURE	M.D. QUIT DIAGREFIE IN The	
PHYSICIAN'S NAME (Type)	WHEATON, ML) .
220. BURIAL, CREMATION, 22b. DATE THEREOF PRODUCTION OF CEMETERY O	R CREMATORY . 22d. LOCATION (City, town, or country)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Honlon Juneal Hom 4748 Lyine 1	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
+1,000		. W.

CERTIFICATE OF DIATH	1,0000
THE CHICOLINE NEW TOWNS ON THE	O£7.IIO
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OFFIE HOURKER FORE	1 co 5 u 1.
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	Mill Mill
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MARYLAND STATE DEPARTMENT OF HEALTH 02629 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02624

		ECEASED-NAME Type or Print)	First J (imes	Lewis		Ke	ith.		20. DATE KNOWN OF ESTI- DEATH MATED	コフィト	Day Year 2 196	4.0
	3. SE	4.4		S. DATE OF BIRTH	6. AG	E (In years birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS		24 HRS. MIN.	2c. DATE PRONOUI		Year 196	2d. HOUR
	coun	" virgin	ia	CITIZEN OF WHAT (. 4	WIDO		IVORCED	,		emerg	1	Md
0		ROCKVII	12	give stree	OF HOSPITAL OR II	5 M	:11 Rel.	during	most of	CUPATION (Kind of working life; eve	n it retired.	12b. KIND OF I	BUSINESS OR
5		USUAL RESIDENCE (W dmission) STATE	here deceased	lived, if institution 3b. COUNTY	n: Residence before	13c. CITY	ockullk	13d. INSIDE CITY		13e. STREET AND I	iers M	111.Rc	
	14. F	ATHER'S NAME	First	Middle	Lasf		15. MOTHER'S A		First		Middle		Last
			be	550	Kei			Λ	lel i			Hylt	on
	16a. \ (Y	WAS DECEASED EVER IN es, no. or unknown) NO		LES? 16b or dates of service)	o. SOCIAL SECURITY N		17. INFORMANT	be Ke	eith	Father	press wil	118,	Va.
		1B. CAUSE OF DEA PART I. DEATH	WAS CAUSED BY	ne cause per line f	for (a), (b), and (c).	1 10	ound.	st He:	ort				AATE INTERVAL NSET AND GEATH
		955 Canditions, if ony, wrise to immediate stoting the underly last.	ause (a),	(b)	A CONSEQUENCE OF								
8		PART 2. OTHER SIGNI	ICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NOT	RELATED	TO THE TERMINA	L DISEASE OR (CONDITION	N GIVEN IN PART 1	(a)		
2	CERTIFICATION	19a. DATE OF OPERA	TION	198	o. CONDITION FOR V WAS PERFORMED		ERATION					20. AUTO	1.0
	DICAL	21g. EXTERNAL CAUSE PRIMARY OR COM CAUSE OF DEATH	TRIBUTING	HOUR A.M.	JRY Month, Doy, Year Feb 2 19		Shot !			e of injury in Port estec 22			
	M	21d. INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR		E OF INJURY (At his, office building, e	tc) , 2	2	8 // S		Mil	Ra Roci	tuille A	Sontger.	State Nid.
	6	22a. I cert death resulte		charge of the r Natural causes	remains describ , Accider		e, held an Au Suicide	tapsy [], , Hamicic		pectian 🔼 Undetermin	Inquiry 💢 ed manner		mý apinian
		ACTUAL SIG NATURE	Joh	ng.	Bell		M.D.	CHIEF MEDICAL ASSISTANT MED	ICAL EXAM	MINER -	22b. DATE S	SIGNED	10
2		NAME (Type) 75			etown_R	d.		DEPUTY MEDICA ADDRESS(Street			Bethes	da, M	d *
	23a.	REMOVAL (Specify)	23b. DA 2/5/				or crematory netery		23d.	LOCATION (City or Floyo		(County)	(Stote) rginia
		funeration . lington	Funero	11 Home	3901 No Arlingt	· He	airfax Va.	APPE DATE		15TRAR 256.	REGISTRAR'S S		age o

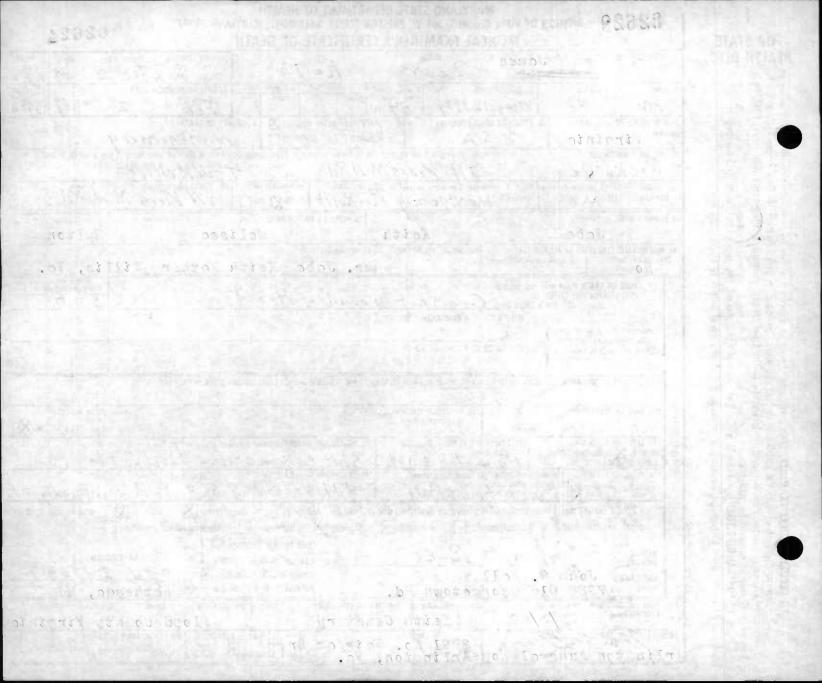
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Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

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TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02625 02630 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR remove corbon papers. Poges 1 and 2 n onv event, within 72 hours after deoth (Type ar print) Month 15 Day 964 FANICIE 1220 A " 4. RACE 6. AGE (In years last birthday) IF UNGER 24 HRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Indiania U.S.A. DIVORCED Montgomery WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY 9202 Housewife 9202 Cedar W 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY ontgomery Md. Bethesda YES NO 🗌 ond in ony 14. FATHER'S NAME First pue Last IS. MOTHER'S MAIDEN NAME First Middle Last **HNKNOWN** Bauer UNKNOWN Linihan please law requires that the death certificate 16ds: WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANTIN. C. B. Anfinsetodress Yes, na, ar unknawn) (If yes give war or dates of service) or removal, 9202-Cedar Way, Bethesda, Md. LINKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thetas tatic caranoma of the colon APPROXIMATE INTERVAL permit. buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the l O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 25 xec 1967 CAUSES OF DEATH? of Heolth p YES NO D 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) director, page 3 should be detoched should be filed with the State Dept. of 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 2 4 floor, 1967, to 14 floor, 1967, that (1) (we) last saw the deceased alive an 1969, and that in (my) (our) apinian death accurred an the date and hour and from the _19 60, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 226-SIONATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS NAME (Type) HORACE W. BERNTON. Bethesda. Md. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory 23d. LOCATION (City or Town) Suit Land 23b. DATE (County) (State)

Pumphre *** Ave., Bethesda, Md.

2Sb. REGISTRAR'S SIGNATUR

XEMOVAL(Specify)

24. FUNERAL DIRECTOR Obert

7557-Wisconsin

2-15-69

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

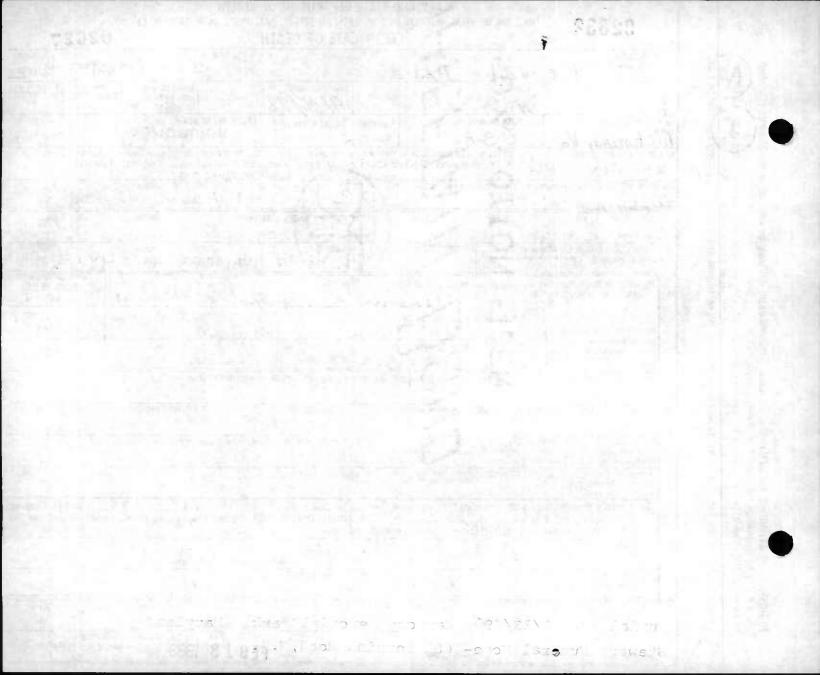
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02627

	ECEASED-NAME Type or print)	INNEU	Middle Addie	Lost	20. DATE OF DEAT		y 1969 Year	26. HOUR 2: 00 PM
. SE	X	4. RACE	Sitron.	S. DATE OF BIRTH 9/26/28	6. A los	GE (In years st birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (Stote or foreign nerv) Chmond, Va.	7b. CITIZEN OF WHAT	MIF	ARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEAT	-/-	1	Md.
0. 0	CITY OR TOWN OF DEATH VHEATON I		OF HOSPITAL OR INSTITUTION OF CONTROL OF CON	SITY NURSING durin	USUAL OCCUPATION (Kinding most of warking life, of weaking life, or well as the control of the c	even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
dm	USUAL RESIDENCE (Where dece ission) STATE ASH/NGTON	176. COUNTY		D.C. YES	NO□ 4020	AND NUMBER -LIUING	GSTON	Rd.
-	FATHER'S NAME First	1	Lost	1s. MOTHER'S MAIDEN NA	/	Middle UNKNOC	(NO	Lost
	WAS DECEASED EVER IN U.S. A 'es, no, ar unknown) (If yes giv	RMED FORCES? re war or dates al service)	b. SOCIAL SECURITY NO.	HOS. HELEN	HUMPHRIES	Address 4020	LIXING	s Ton Rd
ij	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU: IMMEI		for (o), (b), and (c).)	nea con	gestuit -	tarlu	BETWEEN O	ONSET AND DEATH
	Conditions, if ony, which gov rise to immediate couse (o) stating the underlying caus	DUE TO, OR AS	CUA E CONSEQUENCE OF	oma entp	romplifre	donad	1 m	met -
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN F	PART 1(a)	20 Un	renew L
CERTIFICATION	19a. DATE OF OPERATION 19	Pb. CONDITION FOR WHICH	2Db. IF YES, CAUSES OF D	WERE FINDINGS (DEATH?	CONSIDERED IN CI	ERTIFYING		
DICAL CER	21a. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF O (If either, natify medical example)	EATH HOUR A.M.	IJURY Month Day Yeor 19	21c. HOW INJURY OCCURRED	(Enter nature of injury in I	Part 1 or Part 2,	Item 18.)	
W	While Not while at work	OF	HOME, FARM, STREET, FACTORY,) FICE BUILDING, ETC.	21f. LOCATION Street or R.F.I.		wn	County	State
	22a. I certify that (I) (saw the deceased causes stated abo	alive an	ded the deceased from 19 deceased from 1	Z, and that in (my) (our	19 <u>69</u> , ta <u>Je</u> Tapinian death accur	red on the do	ate and haur	(I) (we) last and from the
	22b. SIGNATURE 22d. PHYSICIAN'S	my g of	nolley "	DEGREE ATTENDING PHYS.	MED. STA	AFF -	Tel 8	- 69
	NAME (Type)	ENRY S.	HADKEY	1119 460	(hubbol.	save V	in	/
В	REMOVAL (Specify)	2/13/69	Harmony	Memorial Pa		land	(County)	(State)
	Stewart Fune	ral Home-	-4001 Benj	ing Road N.	FEB 1 3 198	25b. REGISTRAR'S	Carles	erstar

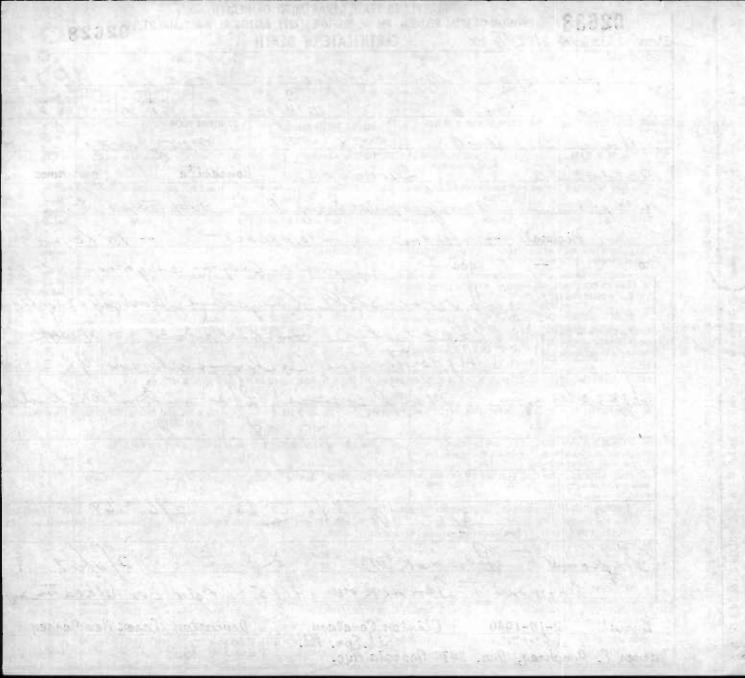
hours after deoth TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely fill director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon pages hould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 02632

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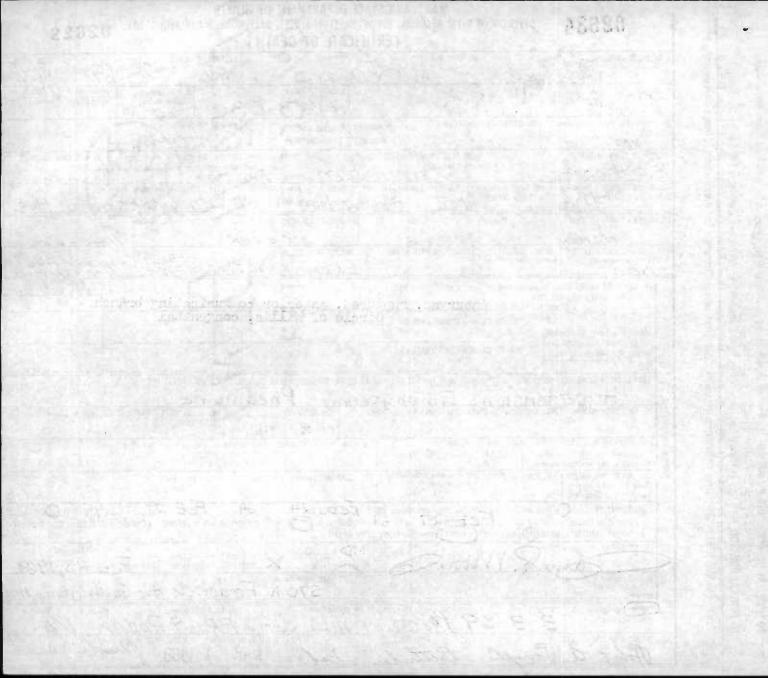


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212012628 Item5 FilmGL09 2 21/69 kk CERTIFICATE OF DEATH DECEASED-NAME Middle and 2 death. Last 2g. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type or print) Month Year IZABETH S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) OAYS HOURS WHITE haurs A 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED E S country) ban paper withink72 WIDOWED Y DIVORCED [montgome filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind at work done 126. KIND OF BUSINESS OR campletely fi give street address? during most of working life even if retired.) INDUSTRY home ETHESD event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY remove YES 😿 NO any 14. FATHER'S NAME First Middle Last-1S. MOTHER'S MAIDEN NAME First and Middle Last and in Michael TARCACET edse certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes pa, ar unknawn) (If yes give war or dates of service) wes ar remava APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAL OR ATTENDING PHYSICIAN: The law requires that the death PART I. DEATH WAS CAUSED 8Y: attendir permit. IMMEDIATE CAUSE (a) crematian, Canditions, if any, which gave) burial-transit burial, cremati rise ta immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE O stating the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART as the priar ta attending has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe af Health O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ğ OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from... 1969, and that in (my) (our) opinian death occurred on the dote and haur and fram the saw the deceased alive an_ with the causes stated above, (I) (we) (did) (did not) view the body after death 22b-SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE directar, page shauld be filed filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9 Clinton Cemetery Essex New 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) Inc. 8434 Georgia Ave. Pumphrey. 45M - 1/69 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



	1		0000		AND STATE DEPARTME				
			02634	DIVISION OF VITAL RECORE			RYLAND 21201	02629	
					CERTIFICATE OF D	EATH		02023	
=======================================			CEASED-NAME First	Middle	P Last	2a. DATE OF	DEATH	10	2b. HOUR
er deat funeral 1 ond er deat		- 11	ype or print)	CDh	Oxaina	d	Month Doy	69 Year	642 M
haurs after in by the fur ers. Pages 1 2-hours after		3. 5	mala	4. RACE 12. +	S. DATE OF BIRT		6. AGE (In years lost birthdoy)		F UNDER 24 HRS. HOURS MIN
Page Urs		70 1	UDTUDIACE (State on feeding	Th CITIZEN OF WHAT COUNTRY	11 9	3-03	65 YRS.		
hau hau		caur	BIRTHPLACE (Stote or foreign itry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI		DEATH	0	
nin 24 filled pape thin 72		10 6	THOR TOWN OF DEATH	131 NAME OF HOSPITALOR	WIDOWED DIVORCE INSTITUTION (If pot in hospital		Gomes	24	Md.
Secuted within 24 haurs after death and completely filled in 5y the funeral remove corbon papers. Pages I and 7 any event, within 72 hours after death	10	E	De theoda	give street address	hiphan.	12a. USUAL OCCUPATION during most af working	life, even if retired.)	INDUSTRY	SINESS OR
ecuted with completely ove corbor y event, wi	15	13o. adm	USUAL RESIDENCE (Where deceasessian) STATE	ised lived, if institution: Residence before 13b. COUNTY 1	ore 13s. CITY OR TOWN 13c		REET AND NUMBER		1
xec nov ny e		14 6	ATHER'S NAME First	Middle Losi	CANTILLIAN COURT	- 70	/ 6.0/10 Middle	monu	170e,
ond ond			1	/			Middle	n	Lost
sician on please re		16a.	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURI	TY NO. 17. INFORMANT	KENER	Address	DATHE	WS
equires that the death certificate be executed by the ottending physician and control-fronsit permit. Then please remoburial, cremation, or removal, and in any				war or dates of service)		R M. SHRE.	19027 Fe	EDERICK F	3 te
ne death certifi ottending phys permit. Then ion, or removol			18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and		K III SAKE	-FAER-	APPROXIMATI	E INTERVAL
t din			DARK I DEATH WINE CAUSE	D D1/		ion communi	neting has	BETWEEN ONSE	T AND DEATH
ne deatl ottendi permit.	90		4309 IMMEDI	DUE TO, OR AS A CONSEQUENCE	. Circle of Wi	Illis, conge	nital	1141	
t the other of the or other or			Conditions, if ony, which gove)	OF 0=2 0=0 02 11-	, , , , ,			
thot on. by the ronsi			rise to immediate cause (a), stating the underlying cause	(0)	OF.				
es t sicio ed b ol-tr			lost.	(d)					
equies that t physicion. signed by the buriol-tronsit burial, crema'			PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN	I IN PART I(g)		
low rending been so the bior to be		2	Hupert	ension Emr	husoma. 1	Pheamon			
low endi		CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPS	Y? 2Db. IF	YES, WERE FINDINGS CO	ONSIDERED IN CERT	IFYING
The I otter hos se as		TIFIC			YES 🔀	NO CAUSES	OF DEATH?		
YSICIAN: ospitol or certificate hed for us			210. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RRED (Enter nature of injur	y in Part 1 or Part 2, 1	Item 18.)	
CCIA Ditological Difficial Of H		MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	iner) HOUR A.M. Manth Day Ye	90r 19				
OR ATTENDING PHYSICIAN: The low requires that the death certific be retained by the hospital or ottending physicion. DIRECTOR: After this certificate has been signed by the ottending phys as 3 shauld be detached for use as the burial-transit permit. Then ped with the State Dept. of Health prior to burial, cremation, or removal.			21d. INJURY OCCURRED 21e.		FACTORY.) 21f. LOCATION Street of	or R.F.D. Na. City	or Tawn	County	State
G PH) the hor this detacl	30		While Nat while at work				10111015		
by there be start			22a. I certify that (1) (th	nis haspital) attended the decer alive an	ased from FBD. 24	1964, to F	· b 28, 19	69, that Q	D(we) last
END bed S: A Jid he s			saw the deceased a	ilive an Teb 2	_1961, and that in (my)	(aur) opinian deoth a	ccurred on the da	te and hour an	d from the
ATTENE etained CTOR: A shauld			22b_SIGNATURE	extro (we) (did) (did fidit) New II				DATE SIGNED	
OR be rebered wed w			7000	K Moor S	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	21 78	1010
AL O	1		22d. PHYSICIAN'S	7 11 110000	22e. ADDRES		riiis.	26 20,1	769
SPIT. 4 mc ERA or, F	1		NAME (Type)	11-E-C. 10 10 A 20 10 A	570	N. Frederi	ck Ave Go	aithersbu	ra. Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	1	230	BURIAL, REMATION, 23b.	DATE 2350 NAME	OF CEMETERY OR CREMATORY	23d. LOCATIO	N (City ar Town)	(Caunty)	(State)
5 5 5 Lip 4			REMOVAL (Specify)	1-3-64 TROS	PECT HILL C	EM. FRO	rt ROUS	76 V	9.
	4)	24.	FUNERAL DIRECTOR	ADDRI	25	Sa. REC'D BY REGISTRAR	2Sb. REGISTRAP'S	SIGNATURE	
VR A15 (45M - 1/6	59		Spokert a. V	remply Dette	she bel. 0	DATE MAR 4	1469	carles for	-



Takoma Funedal Heare

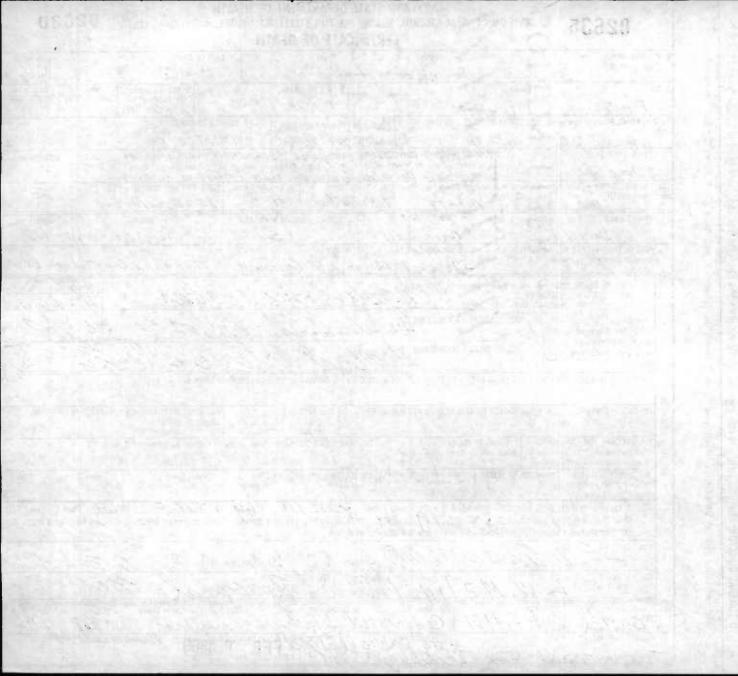
24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executived a may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	5-2-3-V 1179-				CERTIFICA	TE OF DEATH	1				
	1. DECEASED-NAME (Type or print)	First Se RA	en a	Middle Emm X	La	Lost	2a. DATE	OF DEATH Manth	Day	Year 69	2b. HOUR
	3. SEX Female		4. RACE		S	Dec. 13, 18	82	6. AGE (In year last birthday)		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS
	7a. 8IRTHPLACE (Stote country) Wash.	or fareign	7b. CITIZEN OF WHA	AT COUNTRY?	WIDOWED 🔀	NEVER MARRIED DIVORCED	9. COUNTY	OF DEATH			
10	10. CITY OR TOWN OF Silver 5 13a. USUAL RESIDENCE admissian) STATE	pring	13b. COUNTY	ME OF HOSPITAL OR INS reet address) Attho Daleview Dr. in: Residence befare	Takoma	A	IT LIMITS? 13e.	ON (Kind of wark ing life, even if ret wing + 12 nt street AND NUMB	BER	INDUSTRY	BUSINESS OR
	14. FATHER'S NAME	First nie/	Middle	Last	15. 1	MOTHER'S MAIDEN NAME		Mid	ldle		Last ei Fee.
	16a. WAS DECEASED E Yes, na, ar unknaw	VER IN U.S. ARMI	a an data of some tool	578-62-70	NO. 17. INF	ORMANT Rion Green		Marga Addi 1520 mapi	ress		
X	Canditians, if an rise to immedia stating the und	y, which gave ate cause (a), lerlying cause	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF NG TO DEATH BUT NO	GENERAL TO THE RELATED TO T	ALJINA THE TERMINAL DISEASE O	the factor of the condition of the condi	WENT IN PART I(a)	J. C. C.	4 de	terms
	19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CAL	. IF YES, WERE FIND ISES OF DEATH?	DINGS CONS	IDERED IN CE	RTIFYING
	OR CONTRIBUTING	WAS UNDERLYING CAUSE OF DEATH medical examine	HOUR A.M. P.M.	Manth Day Year		INJURY OCCURRED (En		njury in Part 1 ar P	art 2, Item	18.)	
	While Nat w	vhile ark		OFFICE BUILDING, ECC.	1	TION Street ar R.F.D. I		ity ar Tawn	(aunty	State
3	saw the	deceased ali	ve on	nded the decease Middle 1 decease did not) view the l	969 orld	that in (my)(our) ooth.	ppinion deat	h occurred on t	_, 19 <u>60</u> he date	dnd hour	(I) (we) la and from th
	22b. SIGNATURE	2009:	Max	on m	O-DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE	SIGNED 3-6	9
1	22d. PHYSICIAN'S NAME (Type	1)	W. Ma	27/19	M.D.	22e. ADDRESS	ulra	lale	m	ed	
9	23a. BURIAL (REMATI REMOVAL (Specif	el Du	5.1969	23c. NAME OF Cedar	CEMETERY OR CE	Cemelley	Au	ATION (City or Town	1 6	Caunty)	(State)
7	24. FUNERAL DIRECTO		Hense	2 G ADRISS	arroll	SI DATE	BY REGISTRAL	969 25b. REGIS	TRAR'S STO	NATURE	of the set of



1	Ite	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	13y	\$2636 MEDICAL EXAMINER'S CERTIFICATE OF DEATH \$02631
HEALTH DEPT.		CEASED-NAME First Middle Last 20. DATE KNOWN Manth Day Year 2b. HOUR
ay is 3 to Page		Reginald Ross Leake DEATH MATER 2-24 197
	3. SE	1940 lost birhdey) Months Days Hours Min Month Day Year D h
P 2 2 7	70 F	Male Cauc Jan. 29 1969 29 YRS. March 3. 1969 11-17
De De		Virginia U.S.A WIDOWED DIVORCED Montgomery
deoth Poges with for		TV OD TOWN OF DEATH
The de		akoma Park, 1034 Carroll Ave. Apt 1 Painter Working life, even if refired.) USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NIMBER
I hours after de Item 19. Give V Office ologe with The ofter death.		mission) STATE 12b COUNTY
hours Item 1 Office I ond 2 ofter d		ATHER'S NAME First Middle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 6 0 10 0		Tet available The trackable
	160. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 19 60-1962 16b. SOCIAL SECURITY NO. 230-48-8949 17. INFORMANT 230-48-8949
be executed within "pending" in pencil in pencil in pencil in samine Medicol Examine insit permit. File pagevent within 72 hau	Y	APPROXIMATE INTERVAL
ould be executed vord "pending" in the Chief Medical E al-transit permit. For ony event within		PART I. DEATH WAS CAUSED BY:
e execute 'pending'' ef Medicol ssit permit		955 V DUE TO, OR AS A CONSEQUENCE OF
be "pe hief ansit		Conditions, if any, which gave rise to immediate cause (a), (b) chear with Exsenquenation,
should be executed ne word "pending" is the Chief Medicol burial-transit permit.		stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF
e she ver to the burner of in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
is certificate should te, writing the word forwarded to the Cl e used os o burial-tr removal, ond in ony	9.1	TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certification or writing or war used moval	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
This cate, be fo	RTIFI	YES NO NO
NER: This certificate, hould be felles. Should be should		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 2-24 1969 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 of them 18.) Acade 12 of Death 12 of Total 2 of
(AMINER: te the certi je 4 should your files. oge 3 shou cremation,	MEDICAL	21d INVIERY OCCURRED 21e PLACE OF INVIERY (At home form street 21f TDOXION most of PE D. No.
CAL EXAMINER: execute the certion. Poge 4 should of for your files. TOR: Poge 3 shou ouriol, cremation.		WHILE AT WORK
CAL E executor. Posed for CTOR: burriol,		220. I certify that I taak charge of the remoins described above, held on Autapsy, Inspection, Inquiry and in my apinior
lease e director etoined DIRECT r to bu		death resulted from: Natural couses . Accident Suicide Homicide . Undetermined monner
y, please rol direct operations and prior to be prior		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNED
Dry, Dero be be pri		SIGNATURE M.D. ASSISTANT MEDICAL EXPRIMENT
TO DEPUTY SICAL EN necessory, please exect the funerol director. Po 5 may be retoined for TO FUNERAL DIRECTOR: Health prior to buriol.		NAME (Type) BELDEN / NEAP, M.D. ADDRESS STREET STYLONING OF COUNTY) MARCH 4, 1 101
07 + 20 H	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (County) (State),
	24.	FUNERAL DIRECTOR Jakona, from Force affinaDDRESS Sylconoll St. 1/250. REGISTRAR 25b. REGISTRAR 2
VR A15ME (5) 10M REV. 1/68	1	Leest Tuneral Home By Holey Gil neger Va DATE MAR & 1960 mg
		1308 7 0000

office and drope also had Tale Cauc des 20 (1964) 196 (1964) plai Vireligia 6.8.A Fred Telephone Todalia 1 dan ey: (Lorran Peut) 1209 cmoist Maryland Montagery Inschart the Last 1934 Carrell Manha

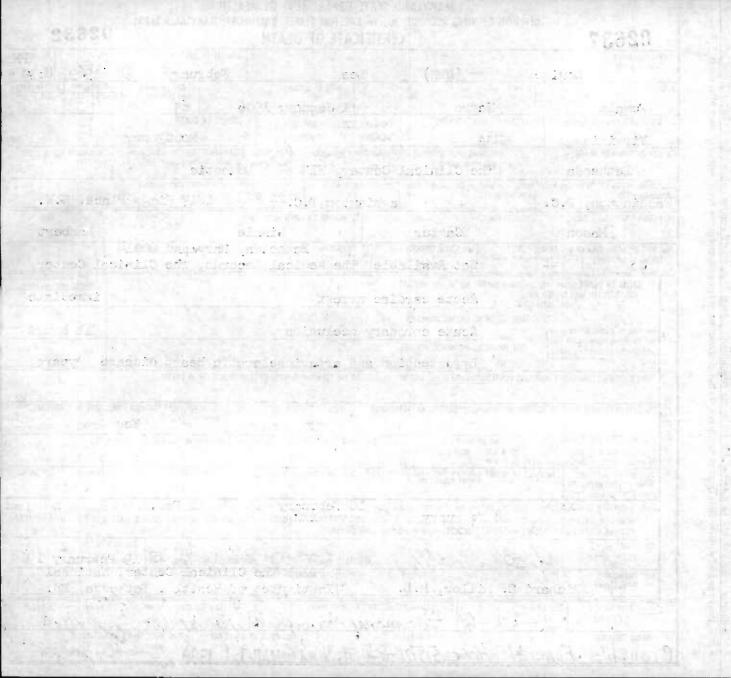
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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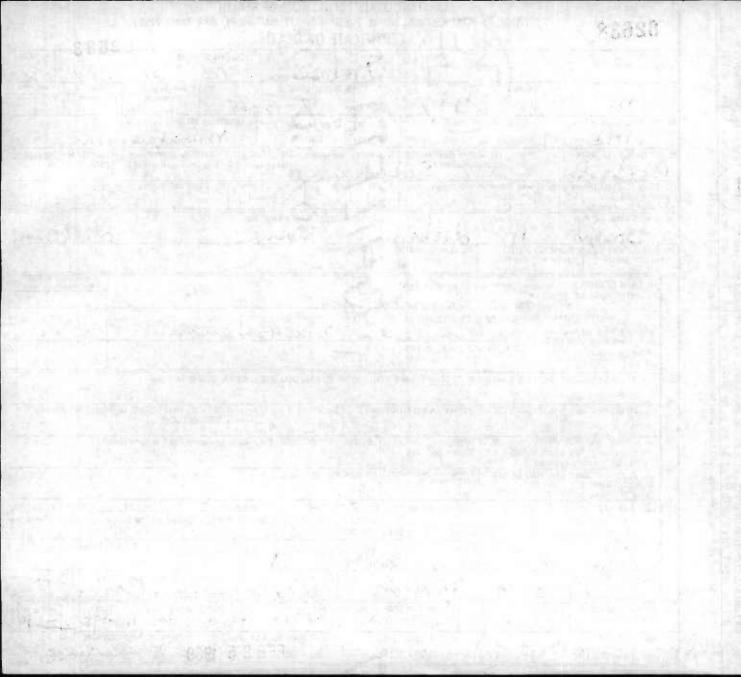
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH

	17 10 0										
	ECEASED-NAME	First	Middle		Last	2a. D	ATE OF DEATH		2b. НОТИ		
(Type or print)	Louise	(NMN)	Ta	ee	F	ebruary Month	18 1969	8:30		
3. SI		4. R		,	S. DATE OF BIRTH		6. AGE (In years				
						/	last birthday)	MONTHS OAYS			
	Female	151	Negro	1.0	1 January			YRS.			
0.	BIRTHPLACE (Stote or f	oreign /b. CII	IZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED] 9. COUN	ITY OF DEATH				
(00)	Virginia		USA	WIDOWED]	Montgome	ery	M		
0. (ITY OR TOWN OF DEAT	Н	11. NAME OF HOSPITAL OR IN	ISTITUTION (If n	at in haspital 12a	. USUAL OCCUP	PATION (Kind of work do	ane 12b. KIND C	F BUSINESS OR		
	Bethes	da	give street address) The Clinica	1 Cente	er, NIH	ring most of we	arking life, even if retire	ed.) INDUSTRY			
3a.	USUAL RESIDENCE (WH	ere deceased lived	, if institution: Residence before	13c. CITY OR	TOWN 13d. INSI		13e. STREET AND NUMBER	₹			
adm W	ission) STATE	D.C. 13b	13b. COUNTY		Washington, D. C. C.		1817 Riggs	s Place.	N.W.		
		rst	Middle Last	1	MOTHER'S MAIDEN N	NAME First	Middl		Last		
	Mas			Carter					nbert		
60	WAS DECEASED EVER			NO [17		linnie	Maryland 4000		1001 0		
)	es, no, ar unknawn)	(If yes give war ar date:	of service)			,					
_		640 640		1	rne Medica	I Recor	ds, The Cl		enter,		
	18. CAUSE OF DEATH	(Enter anly one	cause per line far (a), (b), and (c)					BETWEEN	ONSET AND DEATH		
	PART 1. DEATH V	VAS CAUSED BY: IMMEDIATE CAU:	Acute car	diac a	rrest			imme	ediate		
	4100		JE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which gave) Acute coronary occlusion										
	rise ta immediate c	ause (a),	JE TO, OR AS A CONSEQUENCE OF		OCCIADION			4-1-	110011		
	stating the underlyi	ng cause					a language did.				
	_	,					c heart di	sease)	rears		
	PART 2. OTHER SIGNI	FICANT CONDITION	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITIO	N GIVEN IN PART 1(a)				
No									10000		
CERTIFICATION	19a. DATE OF OPERATION	ON 19b. CONDITI	ON FOR WHICH OPERATION WAS PE	WHICH OPERATION WAS PERFORMED 2			20b. IF YES, WERE FINDIN	IGS CONSIDERED IN	CERTIFYING		
TIFIC	200 000 1				YES 🔀	NO 🗆	CAUSES OF DEATH?	Yes			
	21a. ACCIDENT WAS	UNDERLYING 2	1b. TIME OF INJURY	21c. H	OW INJURY OCCURRED	(Enter nature	of injury in Part 1 ar Par	rt 2, Item 18.)			
R	OR CONTRIBUTING		HOUR A.M. Manth Day Year			•					
MEDICAL	(If either, natify med 21d. INJURY OCCURR			9 (TOPY 1 014 14	CATION CARRA TO D	CD. No.	f:4 T	County	State		
Ω,	While Nat while	ZIE. FLACE	OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211. 1	CATION Street of K.I	r.D. No.	City or Tawn	County	Sidie		
	at work at work	_									
	22a. I certify the	at XXX (this hos	pital) attended the deceas n 18 February	ed fram 1	February,	; 1969_, t	o <u>18 Feb.</u> ,	, 19 <u>69</u> , the	it (X) (we) la		
	saw the de	eased alive a	LO February	19 <u>09</u> , an	d that in (A) (au	ır) apinian dı	eath accurred an the	e date and hav	r and fram th		
		a abave XX (we) (did) (dtatatot) view the	bady after	death.						
	22b. SIGNATURE	7.1	: 11		ATTENDING _	MED.	STAFF -	22c. DATE SIGNED			
	1-2	· Me	Der, MI	DEG	EEE PHYS. L	DIRECTOR	PHYS. XX	19 Februa	iry 1969		
	22d. PHYSICIÁN'S NAME (Type)						nical Cente				
	NAME (Type)	Richard	E. Miller, M.D	•	Institu	tes of	Health, Be	ethesda,	Md.		
2300	BURIAL, CREMATION,	23b. DATE	23¢. NAME OF	CEMETERY OR	CREMATORY	23d. L	QCATION/(City or Town)	(County)	(State)		
	REMOVAL (Specify)	2-0	22-69 Han		Mand. Pg	rele I	a NAMOS		110		
24.	FUNERAL DIRECTOR		ADDRESS	d	26a. F	REC'D BY REGIST	RAR 2Sb. REGISTE	RAR'S SIGNATURE			
	rauchia	Funera	1	1 Cotto	· 1 1/ 1/ 1/	MD 1 1	1000 171	iarlas lu	editie.		
H 1	a A D L' M'S	TUNE ST	I TINNO AN	1 71 11	YT /V. W/ I DATE	ARD I	TULY I	THE STATE OF THE S	27740		



MARYLAND STATE DEPARTMENT OF HEALTH



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL

removal. be used

0

cremotion,

buriol,

0

Health

3 should

Poge

moy be retoined for FUNERAL DIRECTOR:

please execute the certificate.

DICAL EXAMINER:

O DEPUT

should be

Poge

director.

the funerol

19a. DATE OF OPERATION 21g. EXTERNAL CAUSE WAS

AT WORK ___ AT WORK

CAUSE OF DEATH 21d. INJURY OCCURRED

PRIMARY OR CONTRIBUTING

NOT WHILE I

deoth resulted fram:

WAS PERFORMED? 21b. TIME OF INJURY Manth, Day, Year HOUR A.M.

factory, affice building, etc.)

Natural causes 12

21e. PLACE OF INJURY (At hame, form, street,

19b. CONDITION FOR WHICH OPERATION

Accident .

21f. LOCATION Street or R.F.D. No.

Suicide

City or Town

Inspection X

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

Homicide

CHIEF MEDICAL EXAMINER

County

20. AUTOPSY?

YES [

State

(State)

Md.

NO DO

ond in my opinion

72 6 - 5) 196

Inquiry Y

Undetermined manner

NAME (Type) 23a. BURIAL CREMATION REMOVAL (Specify)
Burlal

ACTUAL

SIGNATURE

EXAMINER'S

JOHN G. BALL, M.D.

220. I certify that I taak charge of the remains described above, held an Autopsy

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS(Street, city, town, or countyontgomery 23d. LOCATION (City or Town)

(County)

1969 Parklawn Cemetery Rockville, Mont 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

Robert Pumphrev

2Sb. REGISTRAR'S SIGNATURE

VR A15ME I5 10M REV. 1/6

Case of the second of the seco MARLION JEAN EAST MOLITAGE 2016 Modurate gotomoro Valley Aureing Non-gomany Co. MG.

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MARYLAND STATE DEPARTMENT OF HEALTH

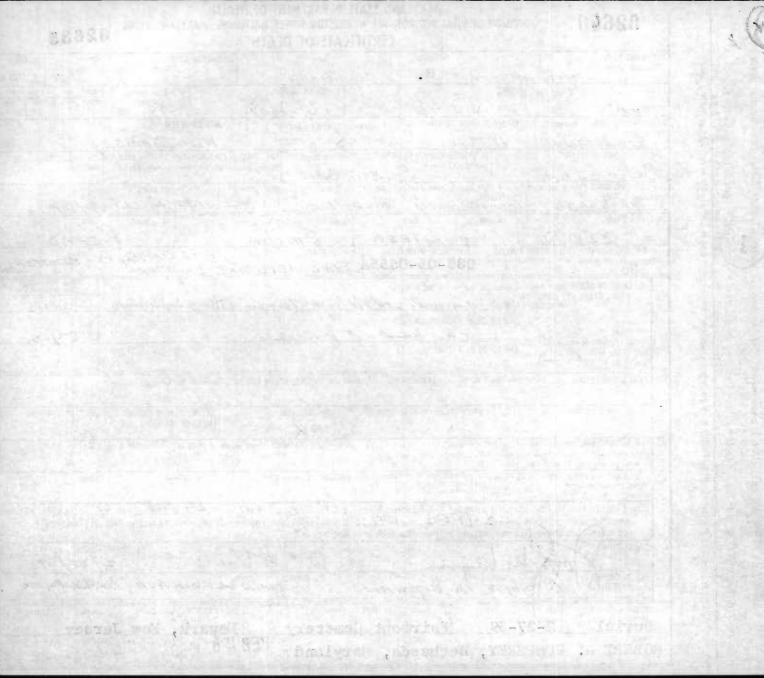
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE U	FUEATH		-1000	
1. DECEASED-NAME First	Middle	Lost	2	o. DATE OF DEATH		2b. HOUR
(Type or print)	INFTE C.	1 ,		Month Day		6293 M
3. SEX	14. RACE	Lomber		1-EB 20	4 1969	
	4. KACE	S. DATE O	, /	6. AGE (In years last birthday)		UNOER 24 HRS.
FEMALE	WHITE	6	122/89	79 YRS.	MONTHS ONTS	ALCONS MINE
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. C	OUNTY OF DEATH		
COERMANY	115A.		VORCED 🗆	MONTGOME	PU	Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat in hospite	1 12g. USUAL O	CCUPATION (Kind of wark done		
BETHESDA	give street address)	SUBURBAN	during most o	of working life, even if retired.)	INDUSTRY	SHIESS OK
130. USUAL RESIDENCE (Where deceorded in the control of the contro	sed lived, if institution: Residence before 13b. COUNTY	ROCKUILLE	YES NO	13e. STREET AND NUMBER	u= 0	
14. FATHER'S NAME First	Middle Lost		MAIDEN NAME First	Middle	NSMVE	
			n	middle	0.	Last
LD MUND 16a. WAS DECEASED EVER IN U.S. ARI			milia		ICARD	
Yes, no, or unknawn) (If yes give to		655A IRMA	WEIDOWK	GEOS CENADORESSY	B - BETH	ESDAMS
DADT & DEATH WINE CAMES	nly one couse per line for (o), (b), and (c).) ~			APPROXIMATI BETWEEN ONSET	E INTERVAL T ANO DEATH
IMMEDI.	ATE CAUSE (0) Ganeralia	sed Arterios	clerofis +	thrown books (shifi	1000	275
4409	DUE TO, OR AS A CONSEQUENCE O	F			THE V	
Canditians, if any, which gave rise to immediate couse (a),		Rab pun	creme		1-4-	-5.
stating the underlying cause	DUE TO OR 15 1 50110501101 -					
lost.	(6)					
PART 2. DTHER SIGNIFICANT CD	NDITIONS CONTRIBUTING TO DEATH BUT	NDT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(a)		
				······································		
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	PERFORMED 20g. Al	JTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERT	IFYING
IFIC		YES	NO 🗆	CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY			ure of injury in Part 1 or Part 2, I	10.1	
	TH HOUR A.M. Month Day Yea	or Zit. HOW INJURY	OCCORRED (Enter not	ure or injury in Part 1 or Part 2, 1	irem 18.)	
G CONTRIBUTING CAUSE OF DEA	ner) P.M.	19				
While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	5 V W V V V		City or Town	County	State
22a. I certify that (I) (th	is haspital) attended the decea	sed fram 1/F/	1969	, to 24 +130 . 19	c) , that (I') (we) last
saw the deceased a	is haspital) attended the decea live an 24 PBS e, (1) (we) (did) (did nat) view the	19 <u>67</u> , and that in a bady after death.	my) (aur) apiniar	n death accurred an the da	te and haur and	d fram the
22b. SIGNATURE				22c. [DATE SIGNED	
XINA	Me legumen	DEGREE PHYS.	DING MED.	TOR PHYS.	2/25/6	9
22d. PHYSICIAN'S			DDDEEC		-	
NAME (Type)	Ober m wym	s m	780100	R FOLKAUS., 13	hetapollo,	, vie
23a. BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR (REMATDR)	23	d. LOCATION (City or Tawn)	(Caunty)	(State)
Burial 2-	27-69 Fairm	ont Cemete		Wewark. New J		, , , , ,
24. FUNERAL DIRECTOR	ADDRES		250 RE PROPE	DISTRAR JSh REGISTRAD'S	SIGNATURE	
		a Marvelam	d FED	ISBAR 1969 25b. REGISTRAR'S	osta is	1072

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. VR A15 (4) 45M · 1/69

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



	112541			C	ERTIFIC	ATE OF	DEATH				U	20	36	
	ECEASED-NAME (ype or print)	First	S = 1,1	Middle		Lost		20. DATE C		Des		V	2b.	HOUR P
	Ja	mes		Frederick	. 1	uper			Februa		7 19			20 m
3. 58		4. F	RACE			S. DATE OF E			6. AGE (In	years haay)	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	MIN.
7	Male	. 71 (1)		ite	0		y 1915	COUNTRY	23	YRS.				
COU	BIRTHPLACE (Stote or fore ntry) rth Carolin		TIZEN OF WHAT USA		WIDOWED	NEVER MA	RRIED Y	OUNTY O	P DEATH	Mont	gome:	ry		Md.
	ITY OR TOWN OF DEATH	a l	11. NAME	E OF HOSPITAL OR INST	TITUTION (If n	at in haspital		OCCUPATIO	N (Kind of v	vark done			BUSINESS	
	Bethesda		give stre The	et address) Clinical	Cente	er, NI	H during mas	st of workin Mecha	g life, even i	f retired.)		STRY S. G	fort	
13o.	USUAL RESIDENCE (When	e deceased live	d, if institution:	: Residence befare	13c. CITY OR		13d. INSIDE CITY LIM	11TS? 13e. S	STREET AND N					
	ission) STATE Maryl			ntgomery	Rock		YES NO		29 Wes		ntgo	mery	Av	е.
14. 1	FATHER'S NAME Firs		Middle	Last	15	. MOTHER'S A	MAIDEN NAME Fir	rst		Middle			Lost	
14	Jam		H.	Luper		NICOD MANUT	Eu]					Pro	octo	r
		U.S. AKMED FOI If yes give war or date	oc of caprical	Sb. SOCIAL SECURITY N			The Med:					3.6	7	7
	No		238-12-4564 The Clinical Center, NIH, Bethes							APPROXIMATE INTERVAL				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Respiratory failure											6 de	NSET AND D	DEATH
	1621	IMMEDIATE CAU	JSE (a)		J. Ch.J.	u. c			-	-		0 00	4,0	
	Conditions, if ony, which	th gave)		a consequence of ardiac and	Rena	l fail	ure					l da	ay	
	rise to immediate cau stating the underlying	se (a), ((D)	A CONSEQUENCE OF					to	lung				
	last.	(0036)	(c) Re	current s	quamo	us cel	l carcin	noma w	rith m	etast	ases	1 3	mo	nths
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
8														
CERTIFICATION	190. DATE OF OPERATION						CAUSES OF DEATHS			2	INGS CONSIDERED IN CERTIFYING Yes			
ERTIF	2/11/69 210. ACCIDENT WAS UP		cer of	right lun		YES 2	CCURRED (Enter			re	_			
	OR CONTRIBUTING CA	JSE OF DEATH	HOUR A.M.	Month Day Yeor	216. 11	JW INJURT OF	COKKED (Enter	nature of in	jury in Pari i	or Port 2,	nem 10.)			
MEDICAL	(If either, notify medical 21d. INJURY OCCURRED	l exominer)	P.M.	HOME, FARM, STREET, FACT FFICE BUILDING, ETC.		CATION Stre	eet or RED No	Cit	ty or Town		Count	v	5	State
	While Not while]	OF TOP	FICE BUILDING, ETC.	7 211. 0	ATTON SIN	Set 01 K.I.D. 110.	CII	7 01 10411		COOM	1		
-	22o. I certify that	ON (this hos	spital) otteno	ded the deceose	d from	29 Jan	19.69	9_, to_	17 Fe	b 19	69	, thot	00 (w	(e) last
	saw the dece	ased alive o	in III	'ebruary 19	9. 69. on	d that in №	(our) apin	nian death	accurred	on the do	te and	hour	and fro	om the
	causes stated	obove, (X)	we) (did) (&	(ACCOM) view the b	ody after	death.				1 222	DATE SIG	MED		
	22b. SIGNATURE	sitt	V. 1	Sugarl	ea los	REE PHYS.	ING ME	ED. RECTOR	STAFF PHYS.	_	Feb		mr 7	060
	22d. PHYSICIAN'S	<u>un</u>	114			22e. AD	DRESS The			- min				.509
	NAME (Type)	Everet	t V./Su	igarbaker,	, M.D.	Ins	titutes	of He	ealth,	Beth	esda	, Ma	aryl	and.
23a.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY		23d. LOCAT	TION (City or	Town)	(Coun	ty)	(State	2)
	BEMP (Pecify)		0/69	Parklav					ville,					
Тy	SON WHEELOR 1e	r Funera	al Home	-1331 Rockville	kyill Md	e Pike	DATE FEB	REGISTRAR 2 0	1969 ^{25b.}	REGISTRAR'S	SIGNATU	JRE	age.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye campon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. SOM REV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

THE PUBLIC AND THE THIR EXCELL WITH PROJECTION WAS DONE OF \$1850. TE SE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician med completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept af Health priar ta burial, crematian, ar remaval, and that yevent, within 72 habsz after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02638

		CERTIFICATE OF DEAT	H		
1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH		2b. HOUR
(Type or print) Joseph	5.	Mammelet		21 1969	140
SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.
male.	1084	Donalas	In last birthday)		HDURS MIN
	7b. CITIZEN OF WHAT COUNTRY?	8 HADDED TO STORE THE STORE TO	9. COUNTY OF DEATH). I	
intry)		8. MARRIED NEVER MARRIED DIVORCED DI	100-1		
CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR IN		Man gameny	Lag room	N
. CITT OK TOWN OF DEATH	give street address)	during	JSUAL OCCUPATION (Kind of work dane g mast of working life, even if retired.)	INDUSTRY	
Olney	Brooke Grove to	oundation Do	lesman	Meat 1	ackin
missian) STATE	d lived, if institution: Residence before	13c. NO OR TOWN 13d. INSIDE C			
Illany land	d lived, it institution: Residence before 13b. COUNTY	Control -	W.2		
. FATHER'S NAME	Middle Last	15. MOTHER'S MAIDEN NAM	NE First Middle	0.7	Last
Charles	C Mamma	2 8	Johanna	block	ile.
a. WAS DECEASED EVER IN U.S. ARME Yes, na, or unknawn)	D FORCES? 16b. SOCIAL SECURITY		Address	0	
les, iid, di biikiidwiitz	518-05-0	500 Anita M. Reiler	1001 Rockville like -	Kockville N	nd.
18. CAUSE OF DEATH (Enter only	ane cause per line for (a) (b), and (s)	V	,	APPROXIMA GETWEEN ONS	
PART I. DEATH WAS CAUSED	BY:	Xongrakeren	mong	5	FLAN
412 LI	DUE TO, OR AS A CONSIQUENCE OF	06.5	0		7
Canditians, if any, which gave	DOE TO, OK AS A CONSIDER OF	anc. Tolans &	and show	wys	
rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	0 0 0.	111	10	0
stating the underlying cause	COM	Marsh Con	- W Driftage	M	>
	(c)	IOT RELATED TO THE TERMINAL DISEASE	OD COMPUTION CIVEN IN DADT 1/-)	1	
TAKE 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	IOI KECALED TO THE TERMINAL DISEASE	OKCONDITION GIVEN IN PART I(0)	3	
19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	DEODMED 20- AUTODOVA	JOH IL ALC MILDE LIMIDINICE	CONCIDENCE IN CED	TIEVING
19a. DATE OF OPERATION 19b. CO	MUTTON FOR WHICH OPERATION WAS PE		206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	HEYING
S O1 - ACCIDENT WAS INDEDIVING		YES NO	A		
- I - I - I - I - I - I - I - I - I - I	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2	, Item 18.)	
(If either, natify medical examine	r) P.M. 1	9			
21d. INJURY OCCURRED 21e. P While Nat while	LACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D.	Na. City ar Tawn	County	State
at wark at wark				10	
22a. I certify that (I) (this	haspital) attended the deceas	ed from May 21, 19	9_68, ta 2 4,1	90 that (1) (VS) las
saw the deceased aliv	ve an	1962, and that in (my) (au)	apinian death accurred an the c	late and haur ar	nd fram th
	(I) () (did nat) view the	bady after death.		1	
22b. SIGNATURE	a such All	ATTENDING C	MED. STAFF - 4	DATE SIGNED	q
and a superior state	12 0 0 MAY	DEGREE PHYS.	DIRECTOR PHYS. L	7-116	1
22d. PHYSICIAN'S NAME (Type)	1.1 181N)	22e. 400NESS	DAY SPRING	NO 50	668
a. BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty)	(State)
	1-1969 Parkla	iwn Cemetery	Rockville Mont	gomery 1	Vd.
OF FUNERAL DIRECTOR C. GL	en Carter ADDRESS	Sil. Spr. Mr250. REC	D BY REGISTRAR 256 REGISTRAR	0	
Varner E. Pumphre			B 2 6 1969 Jaco	new Judy	ge

8434 Georgia Avenue

62388 Short of the Adipart ANISO THE

02644

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02639

CERTIFICATE OF DEATH

	ECEASED-NAME	First	Middle	Lost		20. DATE OF DEATH	A DOME	TY TO	2b. HOUR
((ype or print)	Philip	NMI	Manko	witz	Month 2	10	^y eor ₉	2:03P
3. SE	X	4. RACE		S. DATE	OF BIRTH	6. AGE (II			IF UNDER 24 HRS.
	Male		White	4	/15/07	lost birt	YRS.	ONTHS OAYS	HOURS MIN.
	BIRTHPLACE (State or			MARRIEO K NEVER		COUNTY OF DEATH			-04-1-
	ntry) Baltimor	e Md. USA				ontgomery			Md.
	CITY OR TOWN OF DEA	ATH [NAME OF HOSPITAL OR INSTIT 	UTION (If not in hosp	tol 12o. USUAL	OCCUPATION (Kind of)	vork done	12b. KIND OF B	BUSINESS OR
	Silver	Spring	give street oddress) Holy Cross	Hospita	during mos	t of working life, even	if retired.)	merch	ant
13o.	USUAL RESIDENCE (W	here deceased lived, if in:	stitution: Residence before 13	c. CITY OR TOWN	13d. INSIDE CITY LIMIT	TS? 13e. STREET AND I			74
odm	ission) STATE Marylan	13b. COUN	gomery	il. Spr	YES NO	□ 8484 16	th St	. SSM	d.
14.		First Midd	lle Lost	1S. MOTHER	S MAIDEN NAME Firs		Middle		Lost
	E	arney	Mankowi	.tz	N	ettie		Kram	er
160.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.				Address		
]	none (nknown)	(If yes give war or dates of service	0)	wife	Mary 8	484 16th	St. S	S, Md.	
	18. CAUSE OF DEAT	TH (Enter only one couse p	er line for (o), (b), ond (c).)						IATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest						_	manufact.	
	582.X		OR AS A CONSEQUENCE OF		100 m		- 5-71	Table 2	
	Conditions, if ony, which gave)							72	120.
	rise to immediate couse (o), storing the underlying couse OUE TO, OR AS A CONSEQUENCE OF								
	lost. (c) Chronic Glomendonefelines.							45-	yes.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
z									
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CON						ISIDERED IN CEI	RTIFYING	
TIFIC				YE	NO 🗌	CAUSES OF DEATH	?		
	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)								
MEDICAL	or contributing [dicol exominer) HOUR	A.M. Month Doy Yeor P.M. 19						
WE	21d. INJURY OCCURI	RED 21e. PLACE OF INJU	JRY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f. LOCATION	Street or R.F.D. No.	City or Town		County	Stote
	While Not while		COFFICE BUILDING, ETC.						
	22g. certify that (1) (this haspital) attended the deceased from 000 8 1950, ta 700 1969, that (1) (we) last								
	saw the deceased alive an								
	causes stated abave, (1) (we) (did) (did nat) view the bady after death.								
	226. SIGNATURE One of the signature of								
	DUNCTURALS		-	. 100-	ADDRECC				
	NAME (Type)	arthur s	BRESLER,	MP	1881 LOC	KWOOD D	R-5.5	5. Md.	
22.0	BURIAL, CREMATION,	23b. OATE	23r NAME OF CEA	METERY OR CREMATO	DV I	23d. LOCATION (City or	Town)	(County)	(Stote)
250.	REMOVAL (Specify)	2-12-							,
24	FUNERAL DIRECTOR		ADDRESS		2So REC'D BY	RAETY FAL REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE	VCL 1
R	ERNARD	DANZANSKY	1 LSONS-WASI	TINIGTON D	DATE FER	1 4 1000	Well 100-	Ma. Ore	daz

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

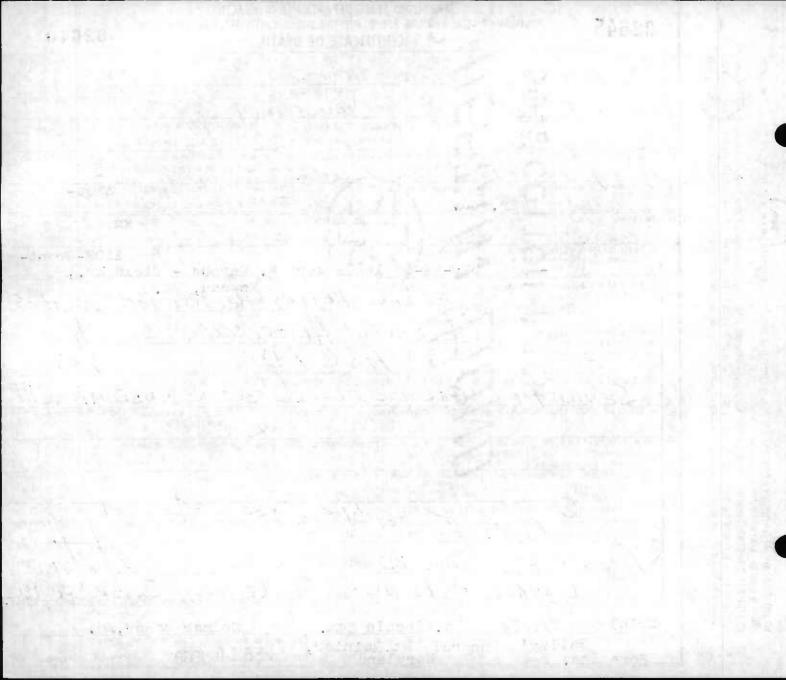
Page 4 may be retained by the haspital or attending physician.

VR A15 4

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		ECEASED-NAME	First	Middle	Last	2a. DATE OF D	EATH		2b. HOUR	
	(Type ar print) Q L	11'CE	EthEL	marcu.		Manth 6 Day	196 dear	2b. HOUR 12 A.M	
	3. SI	EX	4. RACE		S. DATE OF BIRTH		5. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	
	1	EMALIE	Wh		aug, 15, 1	1884	8 4 YRS.	MUNINS DATS	MONK? WIN	
	7a.	BIRTHPLACE (Stote or foreigntry)	gn 7b. CITIZEN OF 1		MARRIED NEVER MARRIED					
	7	vew Herse			WIDOWED DIVORCED		tyomen	7	Md.	
1	10. 0	Clerreces	gjy	NAME OF HOSPITAL OR INSTIT		i. USUAL OCCUPATION (I ring,masy af warking lil	e even if retired.)	12b. KIND OF I INDUSTRY	BUSINESS OR	
	13a.	USUAL RESIDENCE (Where	deceased lived, if instit	ROOKE GROVE ution: Residence befare 11	Bc. CITY OR TOWN 13d. INSIG	DE CITY LIMITS? 13e. STRE	ET AND NUMBER	3200-		
	adm	issian) STATE M	136. COUNTY		ritchelville YESK] NO □ En	terprise		,	
1	14. 1	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN N	AME First	Middle R	R.	Last	
		4 CORGE		HUNCOX	Elizabeth	P	Tea	esma	n	
	16a.	(MAS DECEASED EVIR IN U (es, na, ar unknawn)	.S. ARMED FORCES? yes give wor or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT		Address		rent-	
	-		600	579-24-93	21A Edward	R. Marcus	- fiel	d Dr.		
		18. CAUSE OF DEATH (E	iter anly ane cause per		R HETER	Morean,	299715	BETWEEN ON	NSET AND DEATH	
			MMEDIATE CAUSE (a)	25ASILA	L METER	HEMON	FAHOE	13	HRS	
	Canditions, if any, which gave) DUE TO, OR AS CONVENUENCE OF Canditions, if any, which gave) (b) LECEBEAL AFTERIOSCLEROSIS Y								70	
		rise to immediate cause (a),								
		stating the underlying (ause (c)	AS A CONSEQUENCE OF	HSCV:	<i>D</i> .		YE	5	
		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN	N PART_J(a)			
	(EULITTE OUPPAIN DECOME POAIN) (JIT POULE OF								-("HF.	
7	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	ERTIF	OL - ACCIDENT WAS UND	TRIMING I			NO X				
		21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M	. Manth Day Year	21c. HOW INJURY OCCURRED	(Enter nature of injury	in Part 1 ar Part 2, 1	tem 18.)		
8	MEDICAL	(If either, natify medical	examiner) P.M		VA CIG LOCATION CO D.S.	B. N				
		While Not while								
		22a certify that	1) (this basnital) at	tended the deceased	from 1/11/a	10/3 to 2	1/2 10	69 that	(I) Vivia I land	
		22a. I certify that (I) (this haspital) attended the deceased from 1963, to 26, 1969, that (I) (we) last saw the deceased alive on 1969, and that in (m) (aur) apinian death accurred an the date and haur and from the causes stated abave (I) (did pot) view the bady after death.								
	3	causes stated of	ibave((I) (we)(did	(did pot) view the ba	dy after death.					
		22b. SIGNATURE	16	Towns M	D DEGREE PHYS.	MED.	STAFF -	DATE SIGNED	0	
		22d. PHISKLAN'S		Jacques III	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	16/6	7.	
		NAME (Type)	DONALD	K LEV	VIS MD 700	(LOVERL	y SILV	ERSF	P. HL	
	23 a	BURIAL, CREMATION,	23b. DATE		METERY OR CREMATORY	23d. LOCATION	(City ar Tawn)	(Caunty)	(State)	
	_	BENOVAL (Specify)	2/8/69		oln Cem.		r Manor			
	24.	FUNERAL DIRECTOR Na	lley's F	unera I Mt	.Rainier,	ECD BY REGISTRAR	25b. REGISTRAR'S			
Į		Home Inc		Mary	Land DATE	FEB 1 0 18	969 July	and the	colour -	



and 2 with the State Departm

after death.

haurs

"pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death

Office along with form

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

necessary, please execute the certificate, writing the ward DICAL EXAMINER:

O DEPUTY

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Health prior to burial, crematian, or remaval, and in any event within 72

files.

may be retained far your

ny delay is PM3. Page

MADVIAND CTATE DEDADTMENT OF HEALTH

-1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
		02646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02641	
	(DECEASED-NAME First Dave Middle Workowich 20. DATE KNOWN Month OF ESTI- DEATH MATED 2 -	Doy Yeor 2b. HOUR -/2 169539M	
	3. \$	to CAUC MAY 4 1939 29 YRS. MONTHS DAYS HOURS MIN Month - DOY 2	Yeor 1969 530	
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
		"Mchigan U.S.A. WIDOWED DIVORCED PROTUGON	nery Md.	
	5	SILVER SPRING give Isteet addressly CROSS HOSP duringmost of working life, eyen if retired.)	12b. KIND OF BUSINESS OR INDUSTRIBATING CENT. HISOCIATION	
5	13a. a	. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. Mission) STATE Md. 13b. COUNTY Montgomery Sil. Spr. 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 722 Pershing D	rive	
	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	last Last	
	1.	WEBSTER MADERY LINA 2	LIUGEIR	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. / 17. INFORMANT ADDRESS M 380-40-1137 C. Webster Madery 722 Pershing Dr	ive. Sil. Spr.	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUCLIFIC Extreme Internet	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
,		DUE TO, OR AS A)CONSEQUENCE OF		
		Canditions, if any, which gave rise to immediate cause (o). (b) Myures uncless		
		stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) QUES ACCEPTED.		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)		
2	IFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	
	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 2-12 1969 21c. HOW INJURY OCCURRED (Fifter noture of injury in Part to Both 2 to Both		
-	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) WHILE AT WORK AT WORK 21f. LOCATION Street of R.F.D. No. City or Town C	menty med	
		220 Lookife that Look share of the remains described above held on Advantage Looking	1	

death resulted

ACTUAL

230.

SIGNATURE

EXAMINER'S NAME (Type)

220. I certify that I took charge of the remains described above, held on

Homicide

Undetermined manner

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL

22b. DATE SIGNED

23b. DATE NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(State

30. BURIAL, CREMATION REMOVAL (Specify) FUNERAL

causes

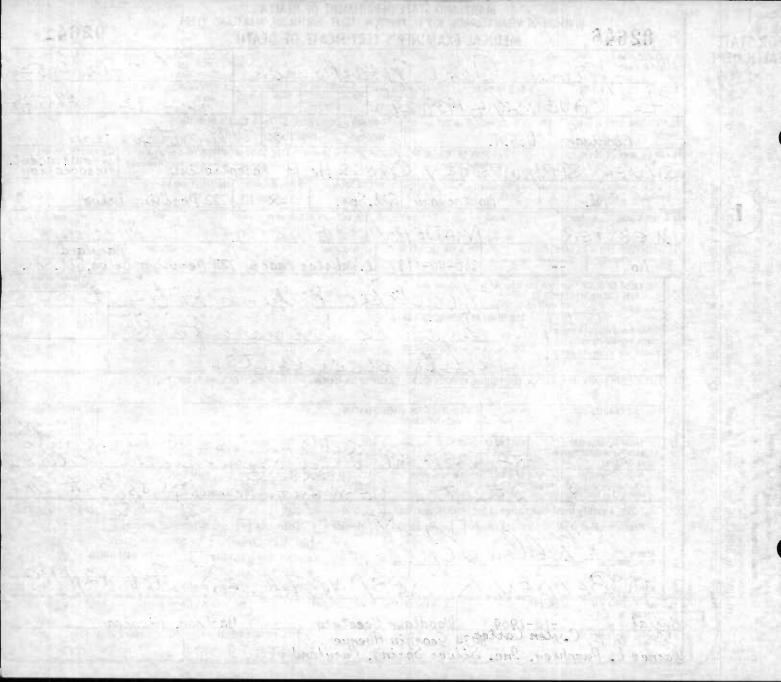
8-1969

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR S" SIGNATURE Linguista .

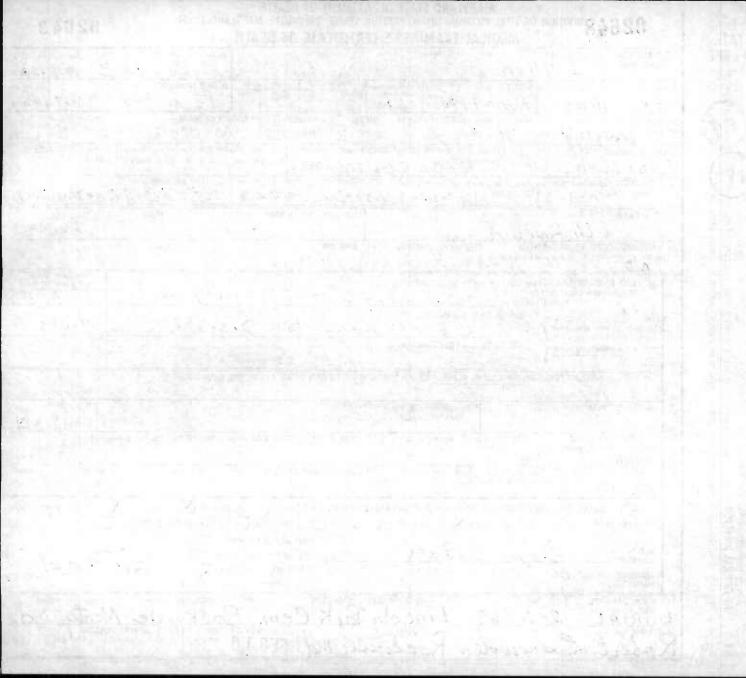
(County)

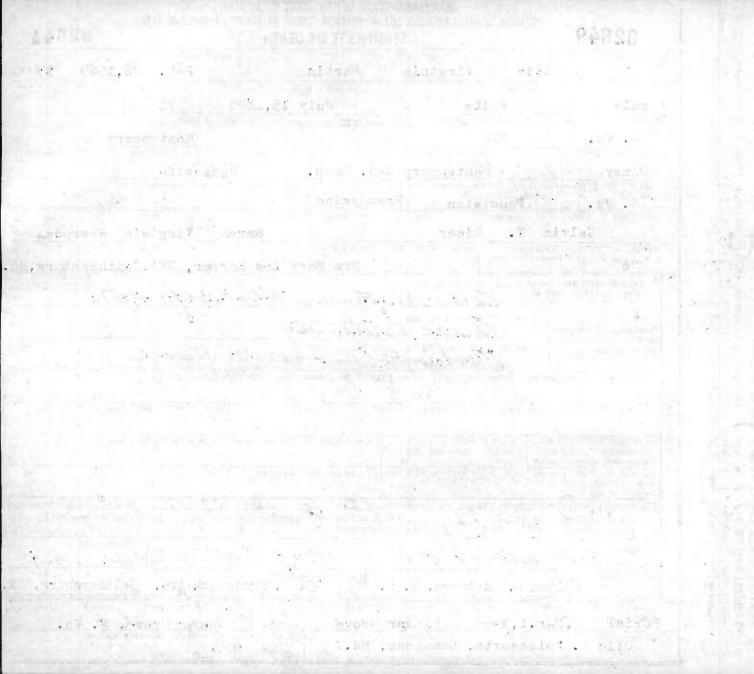
VR A15ME (5) 10M REV. 1/68



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\$2648 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02643 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle 1. DECEASED-NAME First 20. DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED 90 Page 706 af ny delay 2, and 3 t ent IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2, an Wesso Norch 7 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Poges 1, with farm Menta DIVORCED [haurs after death NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) **INDUSTRY** ershurg 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER (Where deceosed lived, if institution: Residence before 13c. CITY PX#313411 odmission) STATE YTOWIT in Item 18. Office land 2 after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME be executed within 24 shauld be farwarded to the Chief Medical Examiner's haurs pages 16b. SOCIAL SECURITY NO pencil 17. INFORMANT ADDRESS (Yes, no, or unknown) (If was give war or dates of service) burial-transit permit. File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) GETWEEN ONSET AND DEATH Insufficency PART I. DEATH WAS CAUSED BY: Sudd DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O OS CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IX the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) 5 may be retained far yaur O FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK please execute the funeral directar. Page 22a. I certify that I took charge of the remains described above, held on Autapsy Inspection X Inquiry and in my opinion death resulted fram: Natural causes 1 Accident . Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)





north

02000		CERTI	FICATE OF	DEATH		0,50	140
1. DECEASED-NAME (Type or print)	1 4	E. MC	CARGE	4 R 20.	DATE OF DEATH	Doy / Yeor	26, HOUR 9620
Fenale	4. RACE Whi	te	S. DATE OF B	24 , 1902	6. AGE (In years lost Age day)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
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O. CITY OR TOWN OF DEATH Silver Spring	give st		(If not in hospitol Health Co	120. USUAL OCC	UPATION (Kind of work dor werking life, even if retired	12b. KIND OF	BUSINESS OR
3o. USUAL RESIDENCE (Where deceose odmission) STATE $\mathbf{D}_{ullet}\mathbf{C}_{ullet}$	d liyed, if institution: I		or town ington	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 1425 Rhode	Island A	ve NW
14. FATHER'S NAME First Lawrence	Middle J	Curtin	1S. MOTHER'S MA	AIDEN NAME First Mary	Middle	Fly	Lost
16o. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) { yes give wai	D FORCES? or dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT Theresa	Bryant (Address 6299 Carson A		Hill Md
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While of work of work 22a. I certify that (I) (this saw the deceased alice coopers stated abave, 22b, SIGNATURE)	hospital attende	onth Doy Yeor 19 DME, FARM, STREET, FACTORY.) 21: d the deceased from 19 19 19 10 10 10 10 10 10 10	f. LOCATION Stree	t or R.F.D. No.	ta Later and the	County	Stote (I) (we) last and fram the
22d. PHYSICIAN'S NAME (Type) ROBET	et T.	THIBADEL	PEGREE PHYS.	DIRECTOR	PHYS.	RYLAN	1767 D
	-1969	23c. NAME OF CEMETERY Mount Oliv	ret Cemet	ery W	LOCATION (City or Town) lashington	(County)	(Stote)
24. FUNERAL DIRECTION DE LE 4308 Suitland Ros	4	Funewai Home nd Maryland		DATE	TRANS 25b. REGISTRAL	R'S SIGNATURE	V

VR A15 (4) 45M - 1/69

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the typefal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages found 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

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Maryland

2So. REC'D BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE

ADDRESS

Pumphrey. Inc. 8434 Ga. Ave., S.S.

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Marie Magar Veliciana, n.D.

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3. SEX Female		RACE Caucasia	n	-4-	S. DATE OF 3-30-	BIRTH -1876		6	AGE (In years last birthdoy) YR	IF UNDER 1 YEA MONTHS DA		NDER 24 HRS. HRS MIN.
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130. USUAL RESIDENCE (Vadmissian) STATE $_{ m Me}$	Where deceased live aryland 13th	d, if institution: Res COUNTYMont	sidence before gomery	13c CITY OR Moodac		13d. INSIDE CITY YES N	LIMITS?		et and number Ramsgat	e Road		
14. FATHER'S NAME	First Tames	Middle	lost William:		. MOTHER'S	MAIDEN NAME	First fary		Middle	McGowai	1/00:	
16a. WAS DECEASED EVER Yes, no prunknown)	(If yes give war ar date	4 . 1	OCIAL SECURITY N 9-60-031		NFORMANT	izabeth	ı MeC	Gowan	Address Fore, I	aughte	r	
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22b. SIGNATURE	PR	glau	ed	DEGR	11113.		MED. DIRECTOR	R 🗆	STAFF D	c. DATE SIGNED	6-6	9
22d. PHYSICIAN'S NAME (Type)	4400-	149	STN.	w.	(22e. Al	DDVESS	11	AN	D.			
23o. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY				(City ar Town)	(County)	(S1	tate)

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REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and campletely filled in by the Tuneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours ofter death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

24. FUNERAL DIRECTOR Joseph Gawler's D.C., Ave. N.W., Wash.,

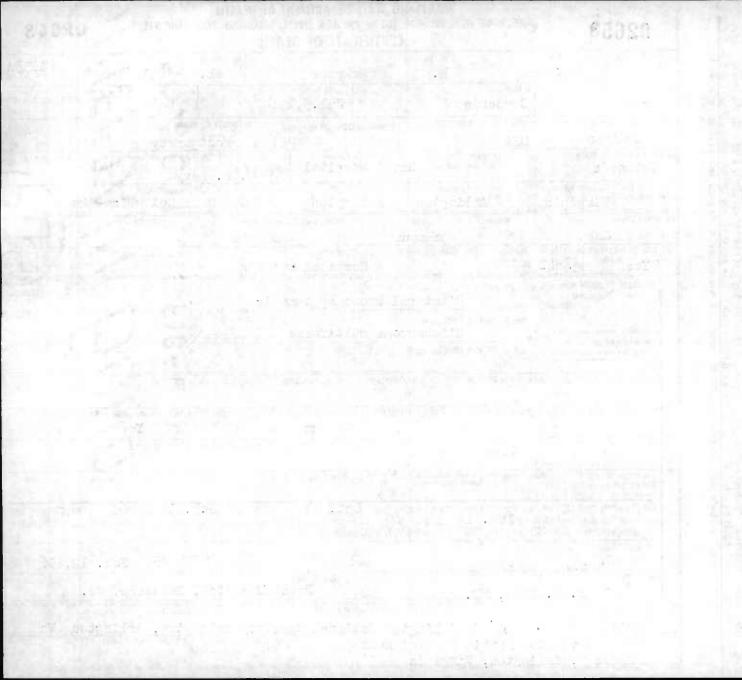
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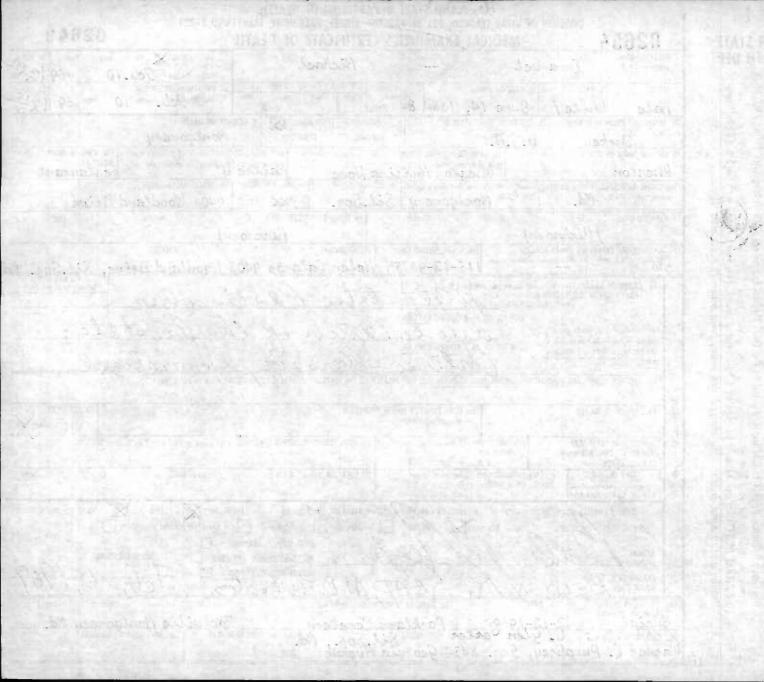
24. FUNERAL DIRECTOR Covington Martin Funeral Home

Route 7. Arlington, Virginia

250 REC'B BY REGISTRAD 69 256. REGISTRAR'S GIGNATURE

VR A15 (4) 45M - 1/69

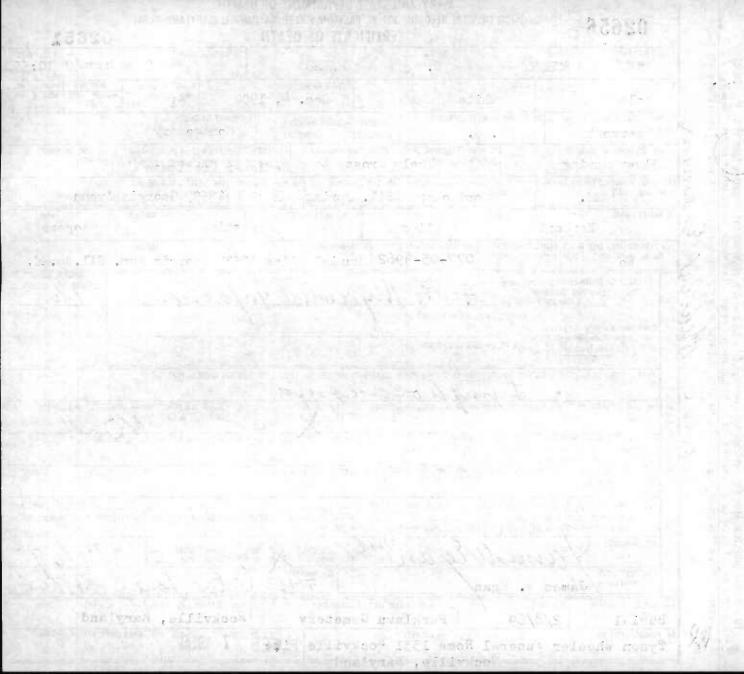




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FOR STATE		62655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	50
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	oy Yeor 2b. HOUR
ay is 3 to Page	3. 58	Renneth Kay MITES DEATH MATED 1 725	7 1969 6,5 M
delay and 3 M3 Pa	3. 30	4. RACE 5. DATE OF BIRTH 6. &CE (in years let unber 1 YEAR 15 UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD let unber 1 YEAR 15 UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Day 7	Year 1967 6 9 M
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E = 2 6 6		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Jo Anne Miles, 884 College Pkwy	Rockville Md.
red val Ex		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPRDXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ICAL E) Be executed for year of the control of the		22a. I certify that I taak charge of the remains described abave, held an Autapsy 🔀, Inspection 🔣, Inquiry 🔀,	and in my apinian
please directa directa DIRECTO		death resulted fram: Natural causes 🔊 Accident 🗷, Suicide 🗌, Hamicide 🔲, Undetermined manner	
ple did		ACTUAL SIGNATURE Ocho S. Ball CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE 22b. DATE SIGNATURE	NED
necessary, please execute the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S DEPUTY MEDICAL EXAMINER A Jeb.	8,1969
o DE neces the fifth of the filth of FUI	220	NAME (Type) John G. Ball M.D. ADDRESS(Street, city, town, or county) BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	(5.1)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02656 CERTIFICATE OF DEATH 0265 1. DECEASED-NAME Middle Last First 2g. DATE OF DEATH 2b. HOUR 24 haurs after death. (Type or print) ROBERT MILES D. Yeo 69 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. Male White Dec. 4, 1907 last-birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Vermont fillerd in U. S. Montgomery WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) Holy Cross during most of working life even if retired.) Silver Spring **INDUSTRY** 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before signed by the attending physician and camplet burial-transit permit. Then please remave ca 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery admission) STATE 13537 Georgia Avenue Sil. Spring YES X and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Herbert Miles Ernestine Rogers 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, arunknawn) 077-05-4962 Muriel Miles 13537 Georgia Ave. Sil.Sp.Md. remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Irem 18.) P be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) be detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from_ ___, that (I) (we) lost sow the deceosed olive on_ ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) James W. Egan director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION BREMOVAL (Specify) 2/8/69 Rockville, Maryland Parklawn Cemetery 250. RECD BY REGISTRAR 196956. REGISTRAR'S SIGNATURE BALL BERNELLE FUNERAL DIRECTOR
Tyson Wheeler Funeral Home 1331 Rockville 24. FUNERAL DIRECTOR 30M REV. TAR Cockville, Maryland



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the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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02657 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH (Type or print) Manth Michber Lillian Miller Pauline S. DATE OF BIRTH 3. SEX 4. RACE IF LINDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS OAYS Temale white April 26. 1888 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery Nebraska DIVORCED [WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during mast of working life, even if retired.) INDUSTRY Kensinaton own home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13e. STREET AND NUMBERSilver Spring, 8505 Springvale Road 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATEMaryland 13b. COUNTY ontgomery YES NO 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Gustan Blixt (Inknown) 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND GEATI PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO TI 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from \$1.5 sow the deceased olive on 1/2-7/6 19, and that _, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATUR 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) Patrick Vamison

TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be filed v

23g. BURIAL CREMATION

REMOVAL (Specify)

Parklawn Cemetery * ADDRESSIL.Spr.Md. 8434 Georgia Avenue Pumphrey

23b. DATE

2So. REC'D 8Y REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

Milimelas Isegar

02658 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral nove carban papers. Pages I and IN event, within 72 hours after death Month (Type or print) DATE OF BIRTH 3. SEX 4 RACE neicespes 6. AGE (In years last birthday) 1889 remale NAN 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Montsonery WIDOWED [DIVORCED [LATYIA 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) ase remove carban J. Iven 14010 LASSI +AC Douge rundo 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OF TOWN 13d. INSIDE CITY LIMITS? admission) STATE. YES B NO 008 14. FATHER'S NAME Middle 15 MOTHER'S Last MAIDEN NAME First LOVIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 0 Yes, no, or unknown) (If yes give wor or dates of service) 100% Belgrade ar remaval, 1B. CAUSE OF DEATH (Enter only one cause per-line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) ACUTE MYOCOY DIAL permit. crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove IN ARTERIOSCIPPOTIC CORONARY ARTERY DISEASE burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse last. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar to attending as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 use Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year be detached State Dept. af d. (If either, natify medical exominer) P.M 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while of wark 22a. I certify that (1) (this hospital) oftended the deceosed from 2-14 - 14, 19 69, that (1) (we) last __, 19<u>_69</u>, to_ 2 2 = 15 19 69, and that in (my) (printing a printing and a printing a printing and a printing a printing and a printing a saw the deceased alive anshauld causes stoted obove, (I) (we) (did not) view the body after death. 22b. SIGNATURE ATTENDING directar, page 3 shauld be filed v DEGREE Bernaus Co. Negreman PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BERNARD A. HECKMAN Eastern

23c. NAME OF CEMETERY OR CREMATORY

MARYLAND STATE DEPARTMENT OF HEALTH

02653

Yeor

IF LINDER 1 YEAR

INDUSTRY

County

22c. DATE SIGNED

25b) REGISTRAR'S SIGNATURE

23d. LOCATION (City of Town)

ldlow

MONTHS

69

DAYS

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

State

Day

Address

2b. HOUR

IF UNDER 24 HRS

HOURS

VR A15 (4) 30M REV. 1/68 23a. BURIAL, CREMATION,

CONTRACTOR OF THE STATE OF THE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02654 02659 CERTIFICATE OF DEATH . DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) 130551e 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 11.5.A Mont merc WIDOWED X DIVORCED [10. CITY-OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done give street oddress) during most of working life, even it retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. GAY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Shimman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Myocardialinfarction—recent and remote with DUE TO, OR AS A CONSEQUENCE OF aneurysmal dilatation of left ventricle Conditions, if ony, which gove) and rupture rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause coronary arteriosclerosis with thrombosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year

(If either, notify medical examiner)

21d. INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)

21f. LOCATION Street or R.F.D. No.

City or Town

County

Stote

22b. SIGNATURE

22d. PHYSICIAN

NAME (Type)

While Not while at work

22a. I certify that (I) (this hospital) attended the deceased from Conference of the deceased from the saw the deceased alive an 2 1967, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (did not) view the bady after death.

John D Herman

DEGREE

22e. ADDRESS

ATTENDING

PHYS.

DIRECTOR Bethesda, Md

23d. LOCATION (City or Town)

22c. DATE SIGNED

23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

23h DATE

23c. NAME OF CEMETERY OR CREMATORY March 4. 1969

Ft Lincoln Cemetery

F. Gasch's Sons Hyattsville, Md.

2So. REC'D BY REGISTRAR

Colmar Manor Pro Geo Md.

PHYSICIAN: The law requires that the death certificate be executed within 24-baurs after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

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O FUNERAL DIRECTOR: After

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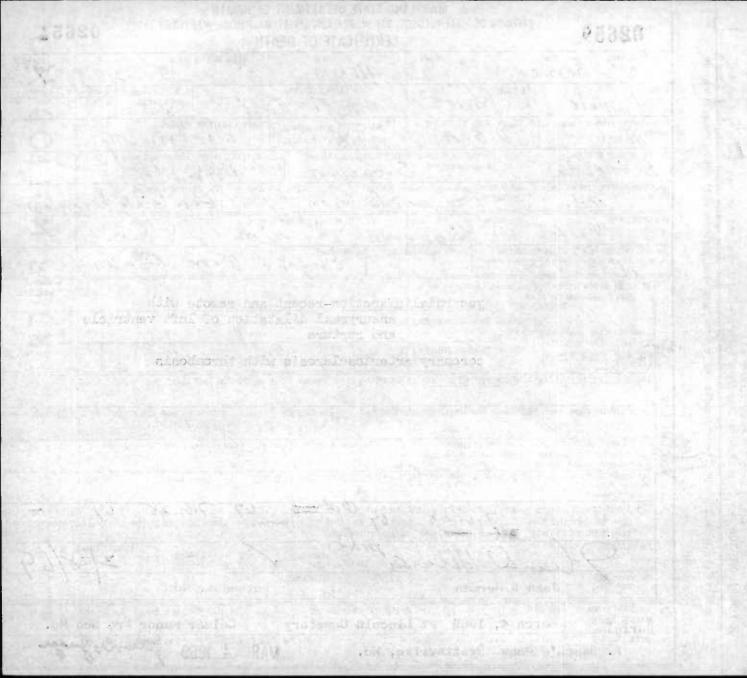
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02655

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INDUSTRY

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County

(County)

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

State

2b. HOUR

02660 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) 9/12Ahs MOORE 6. AGE (In years lost birthday) 5. DATE OF BIRTH 10-29haurs YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION Kind of wark dane. give street address) during most of working life, even if retired.) event, 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE NO X 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no or unknown) eRe-husband-same 18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE stating the underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from... saw the deceased alive an_ 1 19 69, and that in (my) (bur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Rockville Maryland

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. directar, page 3 shauld be filed v 9

executed within 24 haurs after dea

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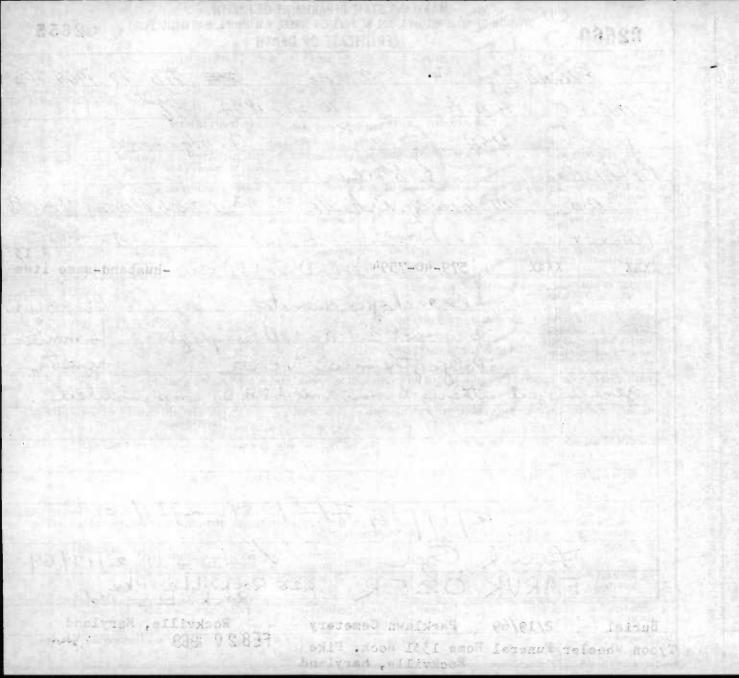
FUNERAL DIRECTOR: After

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Burial (Specify) 2/19/69 Parklawn Cemetery yson Wheeler Funeral Home 1331 Rock. Pike

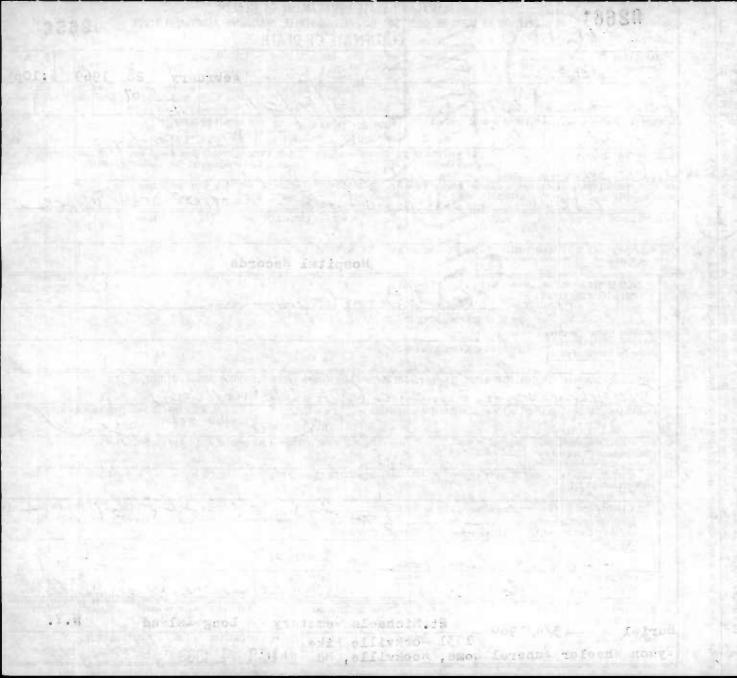
Rockville, Maryland 25a. REPORTESTOR 1968. REGISTRAR'S STONMULE



DATE MAR

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02664			CERTIFIC	ATE OF D	EATH					
1. DECEASED-NAME	First	Middle		Last	18 0	2a. DATE OF			٧	26. НОДА
(Type or print)	car	Lee		Mullins		Febr	Manth	15	1969	3:30
3. SEX	4. RACE	3152-1-12-1		S. DATE OF BIRT	Н	147	6. AGE (In years		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS
Male	Whit	e		27 Febr	uary :	1931	lost birthdoy)	YRS.	MIHS DATS	nuuks min
7a. BIRTHPLACE (State ar fareig	n 7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MARRI	ED 9	. COUNTY OF	DEATH			16-27
Country) Tennessee	USA		WIDOWED			Mo	ontgomer	У		N
10. CITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN				OCCUPATION	(Kind of work d	one	12b. KIND OF	BUSINESS OR
Bethesda	alte.	street oddress) ne Clinica	l Cente	er, NIH	AC	countai	life, even if retir 1t	ed.)	Print	ing Co.
13a. USUAL RESIDENCE (Where odmission) STATE Tennessee		ion: Residence before	13c CITY OR Harri		ES NO		REET AND NUMBE	-		
14. FATHER'S NAME First	Middle	Lost		. MOTHER'S MAIL	EN NAME Fir	st	Midd	le		Last
Oscar	В.	Mull			Glad	0			Morga	an
160. WAS DECEASED EVER IN U		16b. SOCIAL SECURITY	-			,	rland Ada			
Yes, nor er unknown)	948-52 of service)	411-40-6	629	The Medi	cal Re	ecords	, The Cl	inic		
	nter anly ane couse per li	ne for (o), (b), and (c)	.)							MATE INTERVAL INSET AND DEATH
PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	Pulmonary :	infarci	tion, ri	ght lo	ower lo	be		days	3
2760		AS A CONSEQUENCE OF	tı	ricuspid	sten	osis &	tricusp	id i	nsuffi	ciency
Conditions, if ony, which		Rheumatic 1	heart o	disease,	mitra	al, aoi	rtic and	/	year	rs
rise to immediate cous		AS A CONSEQUENCE OF								
lost.	(c)									
PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBL	ITING TO DEATH BUT N	OT RELATED TO	THE TERMINAL I	DISEASE OR CO	ONDITION GIVE	N IN PART 1(o)			
NO					1000					
190. DATE OF OPERATION	19b. CONDITION FOR WE	IICH OPERATION WAS PE	RFORMED	20a. AUTOPS			YES, WERE FIND!	NGS CONS	SIDERED IN CE	RTIFYING
THE STATE OF THE S				YES 🔀	NO 🗌		1			
190. DATE OF OPERATION 210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE 214 INJURY OF CHIPPED	of DEATH HOUR A.M. exominer) P.M.	Manth Day Year	9	OW INJURY OCCU	RRED (Enter	noture of inju	ry in Part I ar Pa	ırt 2, Iten	n 1B.)	
While Nat while	21e. PLACE OF INJURY			OCATION Street			or Tawn		County	Stote
saw the decea	this haspital) att sed alive an 15 I abave the (we) (did)	ebruary	19_69, an	d that in 1820(1)	y , 19 <u>69</u> F(aur) apir	9, ta <u>_1</u> nian death	Feb.	, 19 <u>09</u> ne date	and haur	(X) (we) la and from th
22b. SIGNATURE	1-10	4	^		440	· D	CTAFF	22c. DAT	E SIGNED	
Krls	w My	en VN	DEGR		LJ DII	RECTOR \square				ry 1969
22d. PHYSICIAN'S				22e. ADDRE	ss The (Clinica	al Cente	r, N	ations	al
NAME (Type)	Robert J. Ma	ason, M.D.		Insti	tutes	of He	alth, Be	thes	da, M	aryland
230. BURIAL, CREMATION,	23b. DATE	23c. NAME OF			,		ON (City ar Town)		(Caunty)	(State)
Bustworkensit	2/16/1969	noane	memor	ial Gar	aens	Harri	man,		1	enn.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

Kuted within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to

Page 4 may be retained by the hospital or attending physician.

2/16/1969 Rockwindse Pike Home Rockfille, Md 1331 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home

2So. REC'D BY REGISTRAR DATEFEB

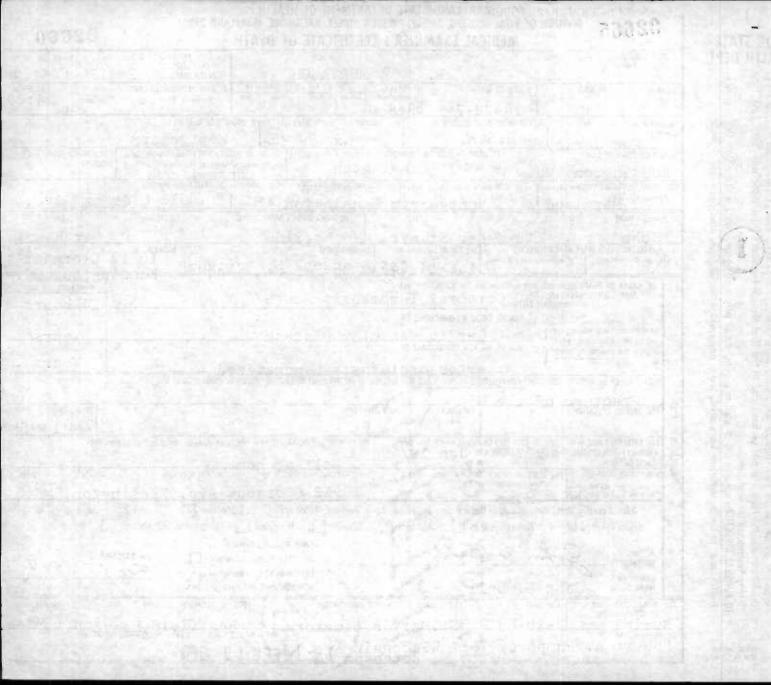
2Sb. REGISTRAR'S SIGNATURE Michaeles Judge.

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FOR STATE		11266					S CERTIFIC							0	268	0
HEALTH DEPT.		ECEASED-NAME	First			Middle		Lost			2a. DATE I	NOWN	Manth	Doy	Yeor	2b. HOUR
lay is 13 ta Page ent of	(Type or Print)	ANN	4	P		MURT	AUGH			OF DEATH	MATED -	2	17	169	4:20M
	3. S	EX	4. RACE	S. DATE OF BII	RTH	6. AGE (In	years IF UNDER	1 YEAR DAYS	IF UNDER 24 HDURS	HRS.		RONOUNCED		V	- 11	2d. 100
any delo		F	C	10-2		8968	YRS.				Month 2		Day	Уеаг	1969	4:20
Dep m	7a.	BIRTHPLACE (Stat	e or fareign 7t	. CITIZEN OF WI		? 18.	MARRIED NE				TY OF DEA					
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death e Pag with with		CITY OR TOWN O		aiva	straat addrass	77			during	mart of	warking lif	a avanife		INDUSTRY	OF BUSIN	1522 OK
after death. 8. Give Pages 1, alang with farm with the State Deleath.	13a	USUAL RESIDEN	ce (Where deceose	lived if institu	ution- Reside	nce before 13	CITYCORTOWNE	n \$13d. II	NSIDE CITY LIN	HOU	Sewi 13e. STREET	Te AND NUM	BFR			
alange of the state of the stat	0	dmissian) STATE	rvland	13b. COUNTY	Monta	OMETRI	Kensir	atot	ES X NO		10	912		mon	t Av	e.
haurs after death any de Item 18. Give Pages 1, 2, and Office alang with farm PM3. Vand 2 with the State Departm offer death.	14. F	ATHER'S NAME	First	Middle		Last	1s. MOTHE	R'S MAIDE	N NAME	First		Mid			Last	
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	16a.		ER IN U.S. ARMED FO		16b. SOCIAL	SECURITY NO.	17. INFORMA	NT	Salve	640		ADDRES	0912		ermo	AVE
2 de 0 de 2	(,	No	(II Aez Bion M	ir ar dates or service)	138-	14-45	51 Jos	seph	S.	Mur	taug	n	ens			
		1B. CAUSE OF	DEATH (Enter only DEATH WAS CAUSED	one couse per l	ine for (o), (t	b), and (c).)		ME				, ,	.cms.	TOAT	PROXIMASE II	ND DEATH
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shauld be executed to ward "pending" is a the Chief Medical burial-transit permit.		stating the un lost.	iderlying cause					0							Year	^ <
certificate shauld writing the ward orwarded ta the Cl used as a burial-tr maval, and in any		PART 2. OTHER	SIGNIFICANT CONDIT				erosis					PART 1(a)			roul	
is certificate state, writing the forwarded to se used as a buremayal, and it	-		cture of								0.74.7					
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his fe fe fe	CERTIFICATION					ERFORMED?					72				YES 🗌	NOX
fic P		210. EXTERNAL PRIMARY 10	CAUSE WAS R CONTRIBUTING	21b. TIME OF	M. Jan	h, Doy, Year 19/6	Q 21c. HOW IN.	JURY OCCU	IRRED (Ente	er noture	of injury	in Port 1 or	Port 2, It	em 18.)		
(AMINER: te the certifi e 4 shauld raur files. age 3 shauld crematian, c	MEDICAL	CAUSE OF DEAT	П	1	eff).		21f. LOCATION	11	at h	ome	C1	r Tawn		Caunty		State
M + + + E	2	WHILE AT WORK		ACE OF INJURY (ory, affice building	ng, etc.)	m, street,										
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necessary, please the funeral directo 5 may be retained to FUNERAL DIRECTO Health prior to b		NAME (Type)		G. Ba:					SS(Street,		n, or count					
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		FUNERAL DIRECT	12-7	20-69	St	Mary	's Ceme	ter	To DEC'D	W DECI	estf	ield	Han	pde	n,	Mass
VR A15ME (5)	F	Robert	A. Pump	hrey.	7557	Wisco	nsin Av	re	ATEFF			7.90	Chicay		constant	li.
10M REV. 1/68			-			Ret	hesda N	14	MIGH	1 1	100	4 /		11	1	



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires thot the deoth certificate be exe¢uted—within 24 hours affer

Poge 4 moy be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			ERTIFICATE OF DEATH		
	DECEASED-NAME First		Lost	20. DATE OF DEATH Month Dov	2b. HOUR
	WALT				1969 8 P.
3. S	MALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (In years lost birthdoy) 7.5 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	BIRTHPLACE (Stote or foreign intry) NEW YORK	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	RY . M
-	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street address) WASHINGTON	TITUTION (If not in hospital 120. USU. SANTARUM A during m 13c. CITY OR TOWN 13d. INSIDE CITY L	AL OCCUPATION (Kind of work dane ast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o	. USUAL RESIDENCE (Where decea nissian) STATE	sed lived, if institution: Residence befare			ELLOW ST., N.W
14.	FATHER'S NAME First	Middle Last DER NEIL	IS. MOTHER'S MAIDEN NAME I		OAKS FORD
	1. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give		O. 17. INFORMANT	pier W.S.	0
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).) D BY: ATE CAUSE (a) PNE UM C	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEK
	Conditians, if any, which gove rise ta immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	42 OBSTRYCT	ion	3 WEEKS
	stoting the underlying couse		ong of the	RECTYM	UNKNOWN (1 YR?
20	FNEED		BDOMINAL M	CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b	BOWEL OBSTRE	ACTION YES NO E		
MEDICAL CEI	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year (ner) P.M. 19		r nature of injury in Part 1 or Part 2,	Item 18.)
ME	at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
	220. I certify that (I) (the sow the deceased courses stated above	nis hospital) oftended the deceose valive on 2-12 1 e, (1) (***) (did not) view the b	d from 1-3/, 19.69.69, and that in (my) (em) appady after death.	inion deoth occurred on the do	ete ond hour ond from the
	22b. SIGNATURE	R. Smith	DEGREE PHYS.	AED CTAFE CIAN	DATE SIGNED 2-18-69
,	22d. PHYSICIAN'S NAME (Type) DW	IGHT R. SM	17H 22e. ADDRESS 8ec /ERS	HING DRIVE	
230	DEMOVAL (Specify)	AND RESIDENCE TO A SECOND PORT OF THE RESIDENCE	emetery or CREMATORY ncoln Cemetery	23d. LOCATION (City or Town) Prince George	(Caunty) (Stote)
24.	FUNERAL DIRECTOR	ADDRESS	2So. RECED	PEGISTRAR 1969Sb. REGISTRAR'S	STENADUR

02667

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	112001		_	FIXILITY	AIE UF	PLATII					
	ECEASED-NAME First		Middle		Last		2a. DATE OF	DEATH			2b. HOUR
(1	ype ar print) Maru	1	Grace		Nolte			Feb.	30Y	Year 1060	5.506
SE	X	4. RACE			S. DATE OF BIR	TH		6 AGE (In	years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Temale	Whi	te		Oct. 3	1, 1871		last birtho	lay) YRS.	ONTHS DAYS	HOURS MIN
a. E	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARR	IED 9.	COUNTY OF	DEATH			
.001	"" Penna.	U.S.A.	TALE V	WIDOWED:			Montgo	meru			M
	ity or town of death akoma Park	11. NA/ give st	ME OF HOSPITAL OR INST pet address Haven		at in haspital ing Home	during mes	OCCUPATION of working	(Kind of wo	rk done retired.)	12b. KIND OF I	BUSINESS OR
3a. ıdmi	USUAL RESIDENCE (Where deceased issian) STATE Md.	lived, if institution 13b. COUNTY M		13c. CITY OR Sil.		3d. INSIDE CITY LIMIT YES NO	S? 13e. STR	EET AND NU		ve	
14. F	ATHER'S NAME First Reverand Jo	Middle hn Thru	Last	15	. MOTHER'S MAI		chael		Middle	Mai	Last
16a. Y	WAS DECEASED EVER IN U.S. ARMEI esano, ar unknawn) (If yes give war	O FORCES? or dates of service)	579-60-21		NFORMANT alter 7	. Nolte	1309		Address Drive	Sil.Si	or. Ma
N	stating the <u>underlying cause</u> last. PART 2. OTHER SIGNIFICANT CONDI	(c)	A CONSEQUENCE OF	RELATED TO) THE TERMINAL	DISEASE OR COM	IDITION GIVEN	IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHIC	H OPERATION WAS PERI	ORMED	20a. AUTOP	SY?		YES, WERE F OF DEATH?	INDINGS CO	NSIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examine)	HOUR A.M.	INJURY Manth Day Year 19	21c. H	OW INJURY OCCU	IRRED (Enter n	ature af injur	y in Part 1 c	or Part 2, Ite	m 18.)	
ME	21d. INJURY OCCURRED Vhile Nat while at work	ACE OF INJURY (ar Tawn		Caunty	State
	22a. I certify that (I) (this saw the deceased aliv	haspital) atter re on	nded the deceased	from 	d that in (my death.	, 19 <u>></u>) (our) opini	1_, ta2 on deoth a	ccurred a	19_ <u>1</u> n the date	ond haur o	(I) (we) las ind fram the
		(1) (11)			The same of the sa				22c DA	TE SIGNED	
	22b. SIGNATURE	We A	Jewey	Medicin	11113.	- Dille	CTOR	STAFF PHYS.] Feb.		969
	22b. SIGNATURE Leo	Ged Bewey,	M.D. 23c. NAME OF CI		22e. ADDR 2540	Mass.		N.W.	Jeb. , Wasi	. 24, 1	

15

1969

Warner E. Pumphrey, Inc. 8434 Georgia Avenue

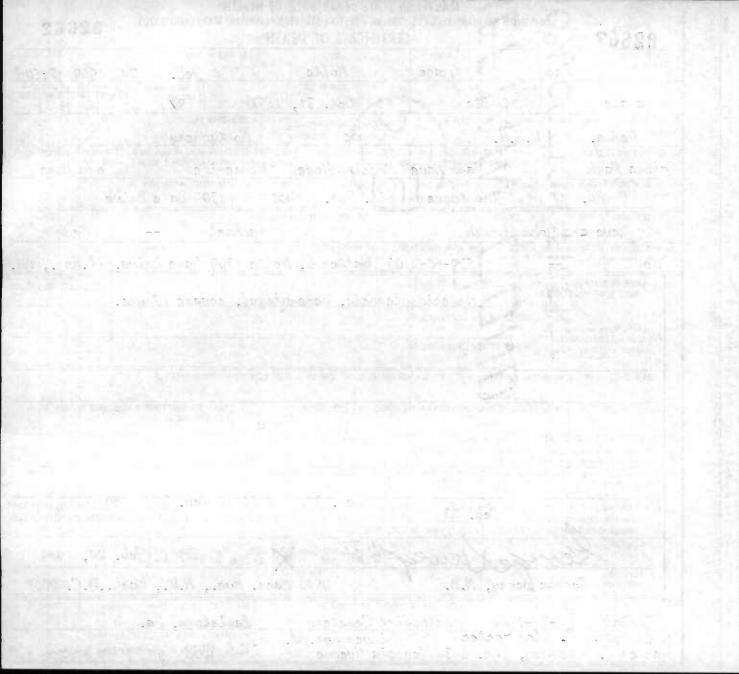
VR A15 (4) 45M - 1/69

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

rentiticate be executed within 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

Page 4 moy be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02663 02668 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH deoth. Lost ficare bexecuted within 24 hours after deoth. (Type or print) and completely filled in by the funeral LEONARD E. NORTON Feb. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Male Jan. 16, 1929 Cauc. ban popers. Pdg YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Mass. 8. MARRIED NEVER MARRIED U. S. WIDOWED | DIVORCED M Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
13420 Bartlett Street during most of working life, even if retired.) INDUSTRY please remove corban Rockville None event. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE
Maryland 13b COUNTY YESTE NO 13420 Bartlett Street Rockville ontgomery or removal, and in any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Roland Norton Marion G. MacGray 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 7. INFORMANT Mother Marion Morton Yes, na, ar unknawn) (If yes give war or dates of service) Same as Item 13. None PHYSICIAN: The law requires that the death cert APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-tronsit rise ta immediate cause (a), by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificote hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Oct. 1, 1967, ta_feb_17, 1969, that (I) (we) last saw the deceased alive on Feb 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING ms DEGREE PHYS. DIRECTOR

22e. ADDRESS

Adrian Street

West Peabody.

TOD BY RIGIGRARIS 605b. REGISTRAR'S-SIGNATUR

(County)

Mass.

23d. LOCATION (City or Town)

VR A15 (4)

22d. PHYSICIAN'S

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

NAME (Type)

C. K.

23b. DATE

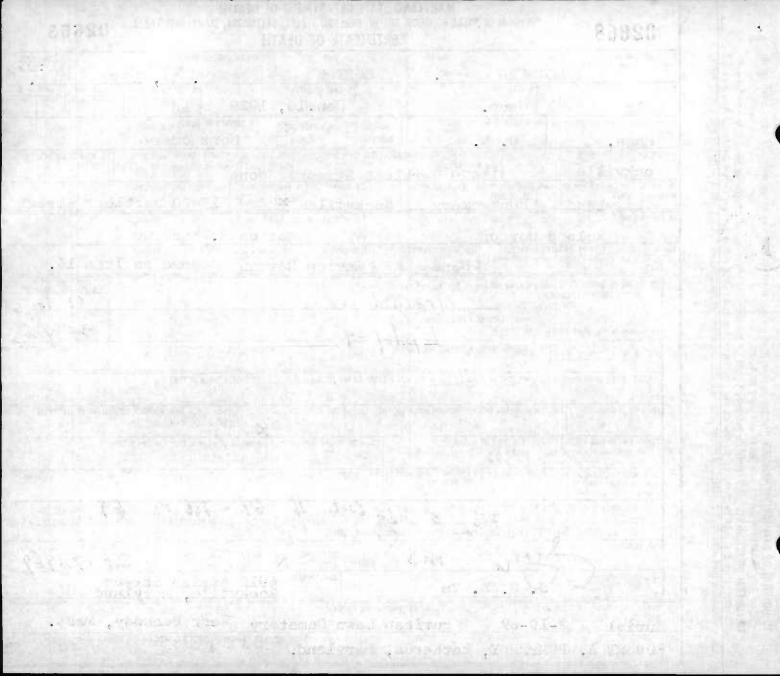
2-19-69

Yn

PUMPHREY, Bethesda, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Puritan Lawn Cemetery



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02664

1969

IF UNDER 1 YEAR

6 Doy

2b. HOUR P

1:40 IF UNDER 24 NRS

HOURS

Lost

GETWEEN ONSET AND DEATH

State

69

(State)

WEEKS

12b. KIND OF BUSINESS OR

Electrical

CERTIFICATE OF DEATH First Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME deoth. (Type or print) Month Feb. Louise Mary Nutter be executed within 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last highday) 8/19/24 Female Negro send completely filled in by tremove corbon papers. Por in any event, within 72 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED C NEVER MARRIED country) Maryland U.S.A. Montgomery DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH Montgomery General Hospital during most of warking life, even if retired.)

Assembler Olney 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE . 13b. COUNT) Silver Spng YES NO Se 14704 Good Hope Road Maryland ontgomery in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Henry Boston Effie leose physician puo PHYSICIAN: The law requires that the death certificate 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Records Address Yes, no, or unknown) (If yes give war or dates of service) Montgomery General Hospital, Olney, Md. 0 removal, offending poermit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ACHEXIA 0 IMMEDIATE CAUSE (o) signed by the otter buriol-tronsit permi buriol, cremation, o DUE TO, OR AS A CONSEQUENCE OF ETASTAS15 Conditions, if any, which gove? rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the hospital ar ottending physician. stating the underlying cause ARCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) HDENO CARBINDHA the hos been prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO P be detached for use Stote Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn While Not while at work JC TOBER 1967, to 6 FEB , 1969 , that (1) (we) last 22a. I certify that (1) (this haspital) attended the deceased fram_ _1969, and that in (my) (aur) apinian death accurred an the date and hour and fram the saw the deceased alive an 6 FEB O HOSPITAL OR ATTEND Poge 4 moy be retained 3 should with the S causes stated abave (1) (we) (did (did nat) view the bady after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS director, poge should be filed 22e. ADDRESS PHYSICIAN'S Donald R. Lewis, M.D. 700 Cloverly st., Silver Spring, Md. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)

2Sb. REGISTRAR'S SIGNATURE Milianes

(County)

County

22c. DATE SIGNED

. Acc			#0880 T
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TO DESCRIPTION OF THE PARTY OF			e le cara
HoALL CH ES		.a.w.u	Lynty:
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General Towns	* 617 181 1815 -		
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STATE DEPARTMENT OF HEALTH 02670 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. DECEASED-NAME (Type or Print) iny delay is 2, and 3 ta Page af Department 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH last birthday) MONTHS 7o. BIRTHPLACE (State or foreign CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED with form country) Give Pages 1 WIDOWED TOWN OF DEATH after death 10. CITY OR NAME OF HOSPITAL OR INSTITUTION (If not in haspital the gug 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY haurs Office l and 2 tem after Middle 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME 24 farwarded ta the Chief Medical Examiner's haurs pages 16a. WAS DECEASED EVER IN U.S. pencil IAb. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no or unknown) TERES File .⊆ within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit permit. PART I. DEATH WAS CAUSED BY: 'pending" my ocasolial IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Occlusion Coronary rise ta immediate cause (a), This certificate shauld DUE TO, OR AS A CONSEQUENCE OF writing the word stoting the underlying cause Arterio-Sclerosis-.⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 as remaval used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate, pe shauld be 3 should 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK far 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀, the funeral directar. Natural causes X Accident Suicide death resulted fram: please ACTUAL SIGNATURE Health **EXAMINER'S** NAME (Type) 50 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

02665 20. DATE KNOWN Yeor 2b. HOUR ESTI-DEATH MATED X 2c. DATE PRONOUNCED DEAD 2d. HOUR Year 9. COUNTY OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) INDUSTRY EPORTER NEWSI 13e. STREET AND NUMBER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) City or Town County State Inspection X Inquiry X and in my apinian Undetermined manner 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 23d. LOCATION (City ar Town) (County) REGISTRAR

IF UNDER 24 HRS.

HOURS

Hamicide

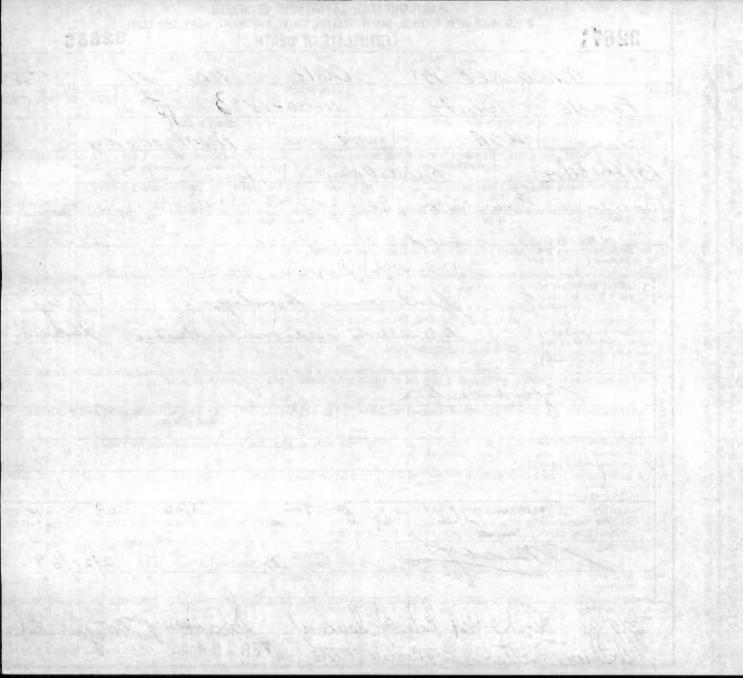
CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DIVORCED [

VR A15ME (5)

THE SAME PROPERTY AND ADDRESS OF THE SAME WALL STORY OF THE SAME PARTY OF THE SAME PARTY OF THE SAME PARTY. Court is a little of the court MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02667 DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) ERAL Month 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) HOURS physician and completely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOME WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) TON during most of working life even if retired.) INDUSTRY TAKOMA 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 136. COUNTY MON TOO MERY TAK OMA HARK burial, cremation, or removol, ond in ony eve YES 8012 MAPLE ottending physician unversament. Then pleose remove 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Lost CLIVER DOUTWELL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) signed by the buriol-tronsit p Conditions, if any, which gove; rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED director, page 3 should be detoched for use os the shauld be filed with the Stote Dept. of Heolth prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES X NO 🗍 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram 1/100 , 1930, ta 4, 1969, thot (I) (we) last saw the deceased alive on 1969, and that in (my) (aur) opinian death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS 23g. BURIAL CREMATION 23b. DATE (Stote)

and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely/filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02668

	Ype or print)	First Linder)	Middle	0/0	ver	2a. DATE OF	DEATH Month	Jay Year	2b. HOUR
3. SE	×Э		4. RACE			OF BIRTHY 3/14/1	1900	6. AGE (In years last birtheay)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
cour	BIRTHPLACE (Stote of the Control of	on,D.C	b. CITIZEN OF WHA	A.	8. MARRIED NEV	DIVORCED		tgomery		Md
R	ockville		give str	E OF HOSPITAL OR INST eet oddress) mac Valler	Nsq. Home	Publi	st of working to	(Kind af wark dans life, even if retired Life for the second	INDUSTRY	BUSINESS OR
admi	ssian) STATE //	nd.	13b. COUNTY	n: Residence before on the onerv	Bethesd		1 3P	eet and number ookes Hil		
		first		ttison	0.5	R'S MAIDEN NAME FI	a	Middle	Hofft	
16a. Y	es, na, ar unknawn)	R IN U.S. ARME (If yes give war	or dates of service)	66. SOCIAL SECURITY NO. 77-07-547	70 Willi	am H. Pat	A	242 Wisor ethesda,		•
	18. CAUSE OF DE	ATH (Enter anly H WAS CAUSED	BY:	far (a), (b) and (c).)	berlia				APPROXIF BETWEEN O	MATE INTERVAL NSET AND DEATH
	Canditians, if ony, rise to immediat stoting the under	, which gove) e cause (a),	(b)	A CONSEQUENCE OF A CONSEQUENCE OF	oma	of le	ing		abou	t8mor
CERTIFICATION	19a. DATE OF OPERA	ATION 196. CC		OPERATION WAS PERI	FORMED 20a	AUTOPSY?	20b. IF CAUSES	YES, WERE FINDINGS OF DEATH?		RTIFYING
MEDICAL CE	21a. ACCIDENT WAR OR CONTRIBUTING (If either, notify m	CAUSE OF DEATH	r) P.M.	Manth Day Year		RY OCCURRED (Enter	_	y in Part 1 ar Port 2	?, Item 18.)	
W	21d. INJURY OCCU While Nat wh at wark at war	ile 🔲		HOME, FARM, STREET, FACTO	1			or Tawn	County	State
	saw the	deceased aliv	re an Jaw	ded the deceased 20 19 i d not) view the b	69, and that	in (my) (our) apir	nion death a	ccurred on the c	date and haur	(I) (we) last and fram the
	22b. SIGNATURE 22d. PHYSICIAN'S	llen	On	ull	DEGREE PH	TENDING MI IYS. DI	ED. RECTOR	STAFF PHYS. 220	DATE SIGNED	69,
23a	NAME (Type) BURIAL, CREMATION	9//er	v J. E	123¢ NAME OF CI	METERY OR CREMAT	8601 C	LA S	N (City or Town)	sure,	(State)
Cr	ELLA LA LON ITY)		25/1969		Hill Cre		Suitla	and,		Md.
2		Whee			ville Ma		2 8 19	25b. REGISTRAR	s SIGNATURE	ye.

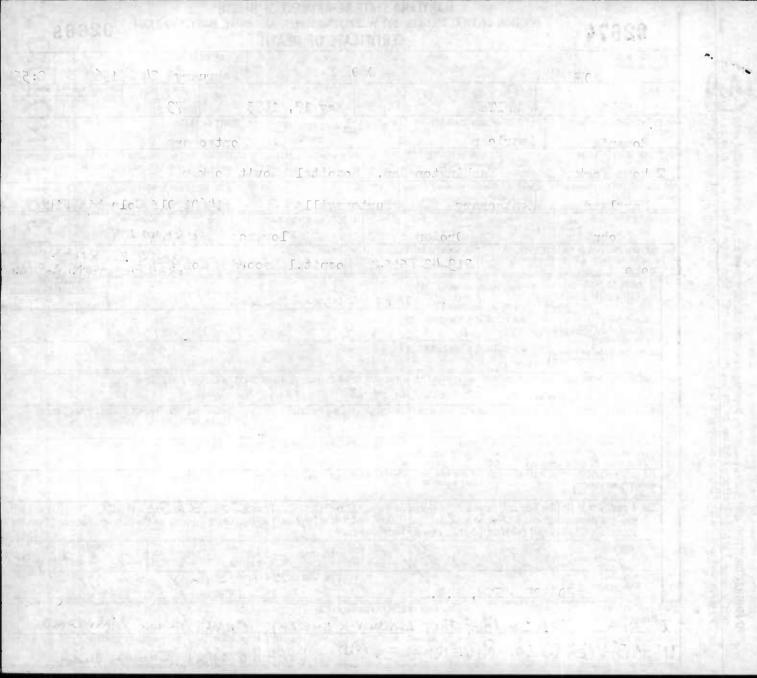
Secretary and the stranger like nothing 2 million The Mark State of the Control of the achier Carcusone of lung southness Jan 20 64 Norm 2 61. Jan 24 69 1-11price of Birth pro 1866 all in rection Pa Transfer exercise coder military and coder continued. wit emigroup and Type Theat Robins De 1602 8 1953 1 mis Juga

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Minera Judas

112674			CERTIFIC	CATE OF DEATH			0266	9
1. DECEASED-NAME First (Type or print)		Middle	07)	last	2o. DATE OF	DEATH Death	V	2b. HOUR
JOHN		NMN	ORG	DIAN	Febru	lary 24 Do	1969°°	2:55
3. SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE	WHITE			May 17, 189	5	lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (State or fareign country)	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	X NEVER MARRIED	9. COUNTY OF	DEATH		
Romania	America		WIDOWED		Montgo	mery		Mo
10. CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	STITUTION (If r	not in hospital 120. USUA	AL OCCUPATION	(Kind of work done		BUSINESS OR
Takoma Park		street address) shington S	an.& I	Hospital "Gov	dif Mork	life, even if retired.)	INDUSTRY	
13a. USUAL RESIDENCE (Where deceo- admission) STATE	sed lived, if institut 13b. COUNTY	ion: Residence before	13c. CITY OF			REET AND NUMBER		
Maryland	Montgom	ery	Burto	onsville YES A NO	146	01 01d Co	lumbia 1	Pike
14. FATHER'S NAME First	Middle	Lost		5. MOTHER'S MAIDEN NAME F	irst	Middle		last
John		Oroian		Flore	nce	UNKNOW	N	
160. WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY I	17.	INFORMANT		Address	F. ORUIA	N
none (1870)	yor or duties of solvice)	213-42-85	15-M	NFORMANT Hospital Rec	ord & S	on, 2211 FA	IRLAND PO	, S.S. Mb
18. CAUSE OF DEATH (Enter on	ly one couse per li	ne for (a), (b), and (c).					APPROXI	MATE INTERVAL DISET AND GEATH
PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	(osel)	La (<	Throm bos	09		Detrock	MISCI AND OCKIN
4123		AS A CONSEQUENCE OF						
Conditions, if any, which gove	11 /		cleve	Aic Hom	r+D	750000		
rise to immediate couse (a), stoting the underlying couse(DUE TO, OR	AS A CONSEQUENCE OF		The Area		7		
last.	(c)	o constactive of						
PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	O THE TERMINAL DISEASE OR C	ONDITION GIVE	N IN PART 1(a)		
Chi	nic (5 -		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
196. DATE OF OPERATION 196.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
DELL				YES NO D	CAUSES	OF DEATH?		
210. ACCIDENT WAS UNDERLYIN	NG 216. TIME OF	FINJURY	21c. H	OW INJURY OCCURRED (Enter	nature of injur	v in Part 1 or Part 2.	Item 18.)	
OR CONTRIBUTING CAUSE OF DEA		Month Day Year				7	110111 101.	
ZIU. INJUK! ULLUKKED ZIE.		AT HOME, FARM, STREET, FAC		OCATION Street or R.F.D. No.	City	or Town	County	State
While Not while at work		OFFICE BUILDING, ETC.	/	5000 G K.I.D. 110.	City	di idwii	county	51010
22a. I certify that (I) (th	is hasnital) atte	anded the decease	d fram	Ann 196	os to 7	CP 16 24 10	69 that	(1) (wa) last
saw the deceased a	live on Fee	62	9.69, an	d that in (my) (aur) api	nion death o	ccurred on the d	ote and hour	and from the
couses stated above	e,(I) (we) (did)	(did nat) view the l	oody after	death.			010 4114 11001	and namino
22b. SIGNATURE	9//	11	me	ATTENDING . M		22c.	DATE SIGNED	7 / 10
proph	Kn	un le	- DEGR		IRECTOR .	PHYS.	te6 x	4 196
22d PHYSICIAN'S NAME (Type)		7		22e. ADDRESS 414	to Sa	ndx Sp	ringle	2
JOS:	EPH SMITH	I, M.D.		1 30	unton	slike	wid,	
230. BURIAL, CREMATION, 23b.	DATE	23c. NAME OF			23d. LOCATIO	N (City or Town)	(County)	(State)
BURISPECITY FE	B 26,19	69 FORT L	I NCOL N	CEMETERY	COLMAI	MAHOR	MARYLA	CH
24. FUNERAL DIRECTOR	000	ADDRESS	,	A b 25a. REC'D B	y REGISTRAR	2Sb. REGISTRAR	SIGNATURE	5 8 1 7
W.W. CHAMBER.	S (o. K	IVERDAL	E, /Y	DATER	6 198	2 Ochran	Pa. Onda	

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Men please remove carbon papers. Pashould be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours Page 4 may be retained by the haspital or attending physician. VR 45M



popers. Pages 1 and 2 n 72 hours after death. hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon py should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02675 CERTIFICATE OF DEATH 02670

1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE Md. b. COUNTY 1	Residence before admission) Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and the nearest town) HEVY HASE MD.	c. CITY OR TOWN (If outside corporate limits, write RURA CHEVY CHASE MD.	L and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
8516 Aragon Lane	8516 Aragon Lane	YES NO X
3. NAME OF First Middle DECEASED (Type or print) Amelia	Orphanos 4. DATE Month DF DEATH February	Day Year 6 19 6 9
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Female white WIDOWED X DIVORCED (UNKNOWN Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT
housewife	Greece	0, 4.
	14. MOTHER'S MAIDEN NAME	
DEMETRIUS TORAKIŞ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	LUANGELINE (UNKNOWN) INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
	enstance Beahn, 2 a, b, c, d al	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Branchapalus	monia	La days!
14/25 DUE TO 2	'n	
Conditions, If any, which gave rise to immediate (b) myocardial f	acture	1 WR
cause (a), stating the DUE TO	- 1 + Il post 10:	-
underlying cause last. (c) Coronary arter	usclerile Hall Wiseas	coer 5 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
E Generalized and Cerebral and	eriosclesosis	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Jenes Land Care broke Cart 20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury in Part I or Part II of Item 1	8.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 While at work at work	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from		2, that (I) (we) last
	death occurred at 10 32M, from the causes and on	the date stated above.
22a, SURNATURE		DATE SIGNED
Vous H. Shuman M.D.		66, 1969
22c. PHYSICIAN'S NAME (Type) Louis H. SHUMAN	1635 mass. ave. n.w. w	Jash. D. C. 20036
23a. PURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 234 LOCATION (City, town or co	ounty) (State)
1 JUEIAL 10 TED, MG7 LENAR HILL	BLADENSBURG 1	20.
24 FUNERAL DIRECTOR 7400 GEORGIA AUE.	U. W. 25a. REC'D BY REGISTRAR 25b. REGISTRAL	
VCINAUSI TUNERAL HOME INS. (110511:016704 AC. 3)	1012 NEFE B 1 1 1969 School	A June

VR A15 (4) 15M 4-64

i v 9 TO E 0 V = 2 0 JLD V . CIII 10 10 = 1 V = 100.

FOR STATE HEALTH DEPT.

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death. Any deloy is see execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ector. Page 4 should be forwarded to the Chief Medical Examiner's Wiee along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tond 2 with the State Department of Health prior to burial, cremotion, or removal, and in ony event within 72 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be forwarded to the Chief Medical Examinel.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02676 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

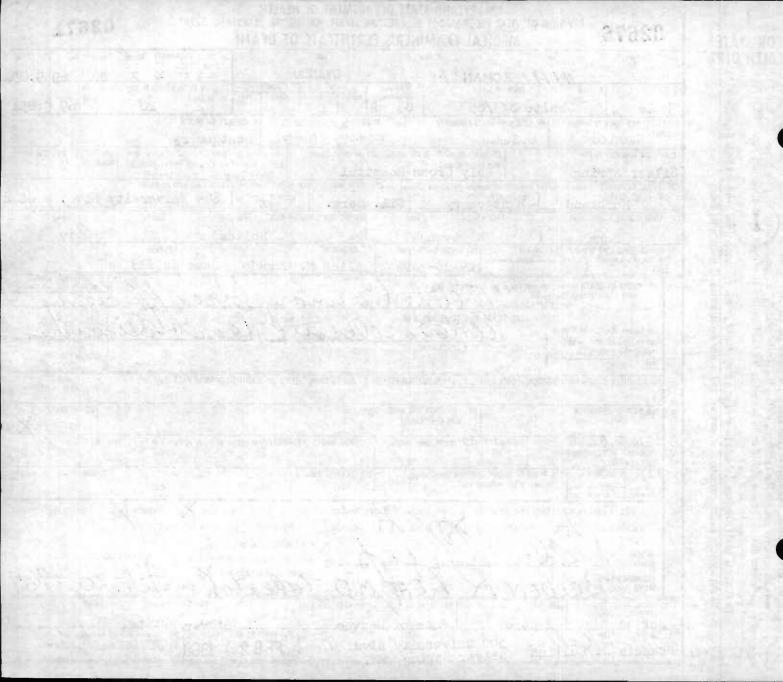
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		14	ILDICAL I	LAMIT	HAFIX 2	CERTII	ICHIL	OI DE						
1. DECEASED-NAME (Type or Print)	F	irst		Middle	e		Lost		-11	20. DATE KNOWN	Month	Day	Yeor	2b. HOUR
(Type of Film)	RAJ	AQN/	ROMAN	*	0.	1000	OVAND	0		OF ESTI- DEATH MATED	X 2	20	1969	9:04A
3. SEX	4. RACE	S. DAT	E OF BIRTH		6. AGE (In ye		DER 1 YEAR DAYS	IF UNDER	24 HRS MIN.	2c. DATE PRONOU				2d. HOUR
Male	W	nite 8	3/9/85		83	YRS.	DAYS	HOURS	MIN.	Month	20	Yea	169	9:05A
7D. BIRTHPLACE (Sto	te or foreign	7b. CITIZET	N OF WHAT COU	NTRY?	8.	MARRIED &	NEVER MA	RRIED 🔲	9. COU	NTY OF DEATH		4		
(auntry) Mexi	.co	U.S	.A.		1	WIDOWED [DIVO	ORCED [Mor	ntgomery				Md.
10. CITY OR TOWN C	OF DEATH		11. NAME OF						SUAL OC	CUPATION (Kind a			D OF BUSI	NESS OR
Silver Si	oring		give street or HOLY	Cros	s Hos	spital				warking life, eve		INDUSTR	Υ	
13a. USUAL RESIDEN	ICE (Where deco	eased lived,	if institution: R	esidence l				id. INSIDE CITY	LIMITS?	13e. STREET AND	NUMBER			
admission) STAT	vland	135,00	ntgomer	су	\$1]	. Spr	g.	YES 🗆 🖈	10 🗆	604 Un	versit	ty Bl	.vd.	W SSMd
14. FATHER'S NAME	First		Middle		Last ·	15?"MO	THER'S MAI	DEN NAME	First		Middle	11.7	lost	
Jo	ohn		(Ovand	lo			5	Solid	dad		C	sio	
160. WAS DECEASED E	VER IN U.S. ARME			OCIAL SECU	RITY NO.	17. INFOR	MANT	111			DRESS			
(Yes, na, or unkna NO	WIT) (If yes g	rive war or dates o	129-	-26-2	2494	Ali	ce M.	Ovar	ndo	Same as	s #13	M.		
18. CAUSE O	F DEATH (Enter	only one cau	use per ligre far ((a), (b), ar	nd((c).)	1)			1		00		PPRDXIMATE WEEN DNSET	
PART I.	DEATH WAS CAU	SED BY: DIATE CAUSE	1111	211	(0)	or	mi	Mr.	1	MAN	0111	4 10	in Ci	
4/2	3		TO, OR AS A C	ONSEQUEN	ICE OF	2	. 0	1	11	1000	110		AVCA	1
	any, which gove)	m CER	On	12	10/2/	1 it	IN	NO	ast	Ville	20	166	
	diate cause (a) nderlying cause		E TO, OR AS A C	ONSEQUEN	ICE OF				1-		-	17-6-6		-
last.		.)	(4)											
PART 2. OTHER	SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BU	T NOT RELA	TED TO THE	TERMINAL D	ISEASE OR (CONDITIO	N GIVEN IN PART 1	(a)			
		ALC:									(-)			
190. DATE OF C	PERATION					OPERATION						20.	. AUTOPSY	?
EFI C			W	AS PERFO	RMED?								YES 🗀	NO
			TIME OF INJURY	Month, Da	y, Year	21c. HOW	INJURY OC	CURRED (En	iter notur	re of injury in Part	1 or Part 2, It	tem 18.)		13
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	, 🗆 📗	HOUR A.M. P.M.		19							37.6		
21d. INJURY O	CURRED 21	e. PLACE OF	INJURY (At home	e, form, st	reet,	21f. LOCA	TION Street	or R.F.D. No.		City or Town		County	у	Stote
WHILE AT WORK	NOT WHILE	factory, offic	e building, etc.)			9-5-3				1.50				
		I taak char	ge of the rem	nains do	seribad al	ave held	an Auto	ncv 🗀	les	pectian X.	Inquiry 1	1	ad in m	v apinian
	esulted from:		al causes		cident	7. Svicio	_	Hamicid		Undetermin	1 /		iu iii iii	/ upiniun
dedili it	solicu illi	1/7	ui cuoses	3//	Lidelly	J, 301CIC			January /		su munner			
ACTUAL	1200	10	1/	1/	0 1	6	4.00	EF MEDICAL			22b. DATE	CIGNED		
SIGNATURE_	0	xu	1	14	Jay	10	- ITI. D.	ISTANT MEDICA			1 0	JIONED		01-
EXAMINER'S NAME (Type)		DEN	12	DI	Sald	MI	1	PRESSIVE TO	-	NEK (County)	106	20	1	469
23a. BURIAL, CREMA	1	Bb. DATE	1-11	23c NAM	AE DE FENET	TERY OR CRE	1	O POE	CILLY V	LOCATION (City or	Town)	(County)	1 150	
REMOVAL (Spec			(0		/							(county)	(21	tate)
Burial 24. FUNERAL DIRECT	TOR I	2-24-0			ADDRESS	Heaver		2So. REC'I	BY REG	Silver S	Pring REGISTRAR'S	Md .	18	
Francis	V 10 10	ing	500 Un:	ivers	sity I	Blvd.	W.			4 1969	Melen			D

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TO DEPUTY



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02672

OR STATE	02
ALTH DEPT.	1. DECEASED NA

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5 moy be retained for your files.

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours offer death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. (Giver Pages 1, 2, and 3 to

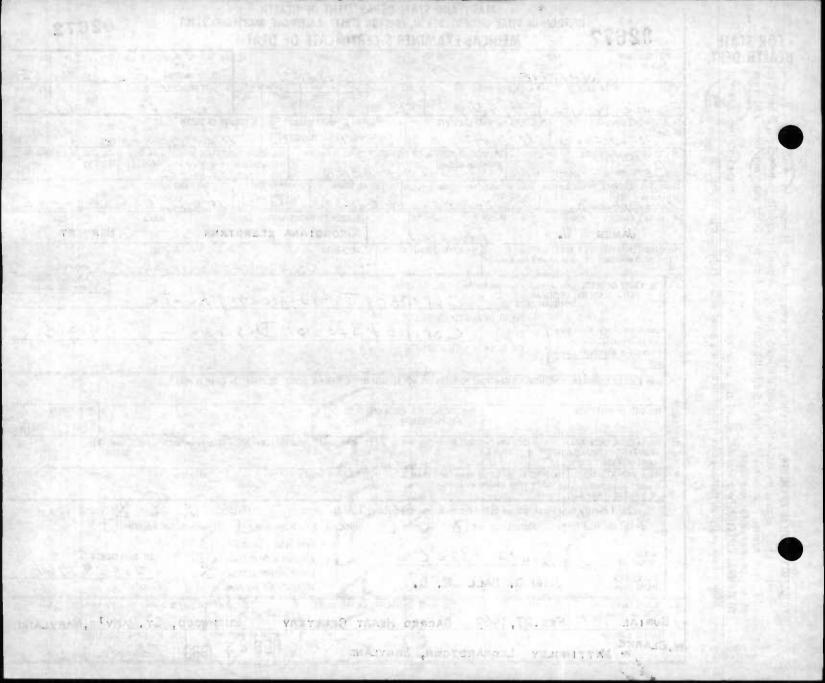
TO DEPUTY

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep Heolth prior to burial, cremation, or removal, and in any event within 72 hours after death.

			111221011									
	CEASED-NAME ype ar Print)	First		Middle	B 1	Lost			2a. DATE KNOW OF ESTI-	N Month	Doy Yes	73.4
,		17711	E	C		OWE	ENS		DEATH MATE	O FEB	24 1	969 8 19A
3. SE	X 4. RACE	S.	DATE OF BIRTH	6. A	GE (In years	MONTHS DAYS		24 HRS MIN.	2c. DATE PRONOI		.,	2d. HOUR
FR	MALE YUHI	TE	4/9/9	0	78 YRS		HOURS	, min.	Month FEB	Day 24	Year 197	69 8 AN
	SIRTHPLACE (Stote or foreign	7b. CI	TIZEN OF WHAT CO	OUNTRY?	8. MA	ARRIED NEVER I	MARRIED [9. COUP	NTY OF DEATH		E	
caun	MARYLAN	0 .0	1.5.A		WID	OWED 🔀 D	VORCED _	1	MONTO	OMER	4	M
10. C	ITY OR TOWN OF DEATH				INSTITUTIO	N (If not in hospi			UPATION (Kine			BUSINESS OR
6	BETHES D.	/	give street	06		RBAN		HOW	working life, ev	= ']	INDUSTRY	1
	USUAL RESIDENCE (Where		ved, if institution: b. COUNTY	Residence befor	e 13c. CITY	OR TOWN	13d. INSIDE CITY		13e. STREET AND	-		,
11	PARYLAND	17	110N1 90	mery		YILLE		NO 🗌	11809	limi	16R .	LANE
14. F	ATHER'S NAME First		Middle	lost		1S. MOTHER'S A		First		Middle		Lost
		N.		ompson			ANA GI	ERREI			HERBER	RT
	WAS DECEASED EVER IN U.S. A es, na, ar unknawn)	RMED FORCE yes give war or o	1.00.	SOCIAL SECURITY		17. INFORMANT	7			DDRESS		
,,	os, no, or onknown,	702 9110 1101 01				RUTH L	DOCIE M	AUS	- WAUGH	TER -	SAN	
	18. CAUSE OF DEATH (En		e cause per line fo	ır (a), (b), and (c).)					1		ONSET AND GEATH
	PART I. DEATH WAS	CAUSED BY: NMEDIATE CA	AUSE (a)	COTAL	785	4 I179	U-1-110	: R17 6	My Acu	Te		
	4124		DUE TO, OR AS A	CONSEQUENCE C)F	To the second	1 ~				10/19/4	
	Conditions, if any, which		(b)	Core	150 /	12500	lar L	Dis.	ee3 e		Yes	irs.
	rise to immediate cause stoting the underlying co		DUE TO, OR AS A	CONSEQUENCE C)F				7723			
	last.		(e)									
17	PART 2. OTHER SIGNIFICANT	CONDITION	S CONTRIBUTING T	O DEATH BUT NO	T RELATED	TO THE TERMINA	DISEASE OR	CONDITION	GIVEN IN PART	1(a)		
z			I SM II									
CERTIFICATION	190. DATE OF OPERATION	1236	19b.	CONDITION FOR		ERATION				4.75-2	20. AUT	ropsy?
TIFIC				WAS PERFORMED) (305			YES	□ NO X
CER	210. EXTERNAL CAUSE WAS	TING	21b. TIME OF INJUI HOUR A.M.	RY Month, Day, Ye	ear :	21c. HOW INJURY	OCCURRED (En	nter nature	e af injury in Por	t 1 ar Part 2, Ite	em 18.)	
MEDICAL	PRIMARY OR CONTRIBU	TING [P.M.	19								
ME	21d. INJURY OCCURRED		OF INJURY (At ha		_ :	21f. LOCATION Stre	et or R.F.D. Na	1.	City or Tow	1	Caunty	State
	AT WORK AT WORK	raciary,	arrice boriding, en	(.)								
-4	22o. I certify th	not I took	chorge of the re	emgins describ	ed obov	e, held on Au	topsy ,	Inst	pection X.	Inquiry X	, ond i	n my opinior
	deoth resulted fro	om: N	oturol couses	Accide	nt 🗍.	Suicide .	Homicio	de 🗍	Undetermin	ned monner		
		0			100		HIEF MEDICAL	EXAMINE	R		Carlo Service	
	ACTUAL SIGNATURE	loho	S. 1:	Ball			SSISTANT MED			22b. DATE		
	EXAMINER'S				de la	- M.D.	EPUTY MEDICA		-4	Fal	241	1969
	NAME (Type)	JOHN	G. BALL	M. D.			DDRESS(Street	t, citγ, tow	vn, or county)	TO WELL		
23a.	BURIAL, CREMATION,	23b. DATE		23c. NAME O	F CEMETERY	Y OR CREMATORY		23d.	LOCATION (City of	r Tawn)	(Caunty)	(State)
	BURIAL (Specify)	FEB.	27,1969	SACRE	HEA	RT CEME		B	USHWOOD,	ST MAP	RY S. M	ARYLAND
	FUNERAL DIRECTOR			ADDI			2Sa. REC'	D BY REG	ISTRAR 2SI	. REGISTRAR'S	SIGNATURE	
	MATTI	NGLEY	LEONAR	DTOWN,	MARYL	AND	DATEFE	821	6 1969	Helican	les la	dat.
												7

VR A15ME (5)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal

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Page 4 may be retained by the hospital or ottending physicion.

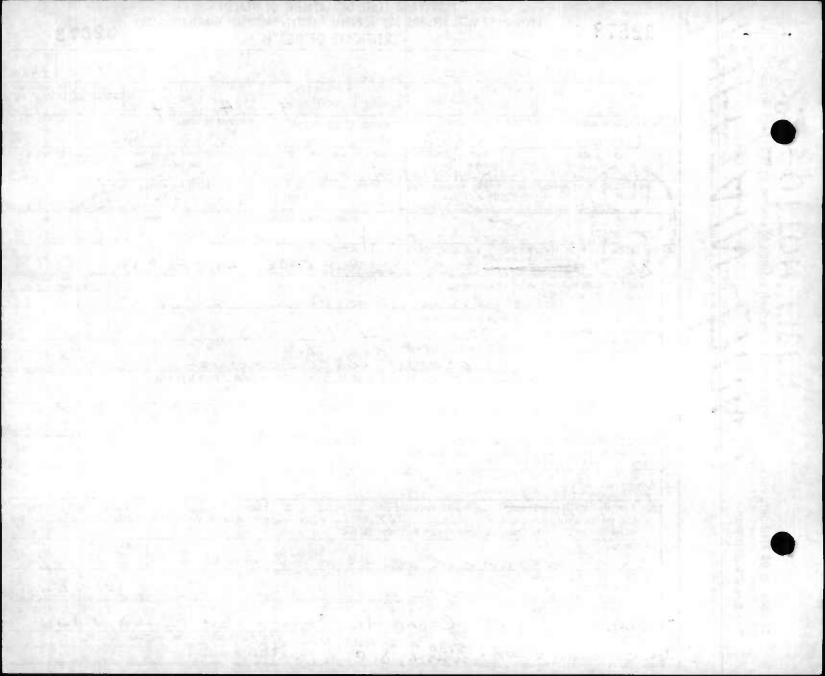
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withmr.24

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME First	Middle Fair and A S	12	Last	2a. DATE OF	DEATH Manth / 3 Da	y/ 9 Year	26. HOUR 240 pm
3. SE	X C	4. RACE	7 CC (DATE OF BIRTH	100	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Kimule	litheti		12/29/1	894	last birthday) YRS.	MONIHS CATS	HOUKS MIN.
	BIRTHPLACE (State or fareign 71	CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		4-5-11
Cuoi	" (anada	Vationalized	WIDOWED [DIVORCED [170	nTgom	CLV	Mo
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTI	ITUTION (If nat	in haspital 12a. USUA	L OCCUPATION	(Kind of work dane life, even if retired.)	12b. MIND OF B	BUSINESS OR
	Wheaton	Kandeleh	Hill	3/1VV +3/ Pg _ [+0 U	Se W-17	e 14TH	TOME
13a. adm	USUAL RESIDENCE (Where deceased issian) STATE	lived, if institution; Residence before 13b. COUNTY	13c CITY OR TO	YES NO	- 100	5 CC Kusan	if Co	early
14. 1	FATHER'S NAME First	Middle Lost /		NOTHER'S MAIDEN NAME F	irst	m Middle	20	Last
160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY NO	7 117 INE	ORMANT O	an i	Address	K_	
		or dates of service) 368-30-9		I.E. PACE	SAMI	E AS # 13		
	1B. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)	3 /	1			APPRÓXIM BETWEEN ON	NATE INTERVAL
	PART 1. DEATH WAS CAUSED B	(AUSE (a) Irrevers	Mel	Brain	Som	mare.	1.45	
	43/9	DUE TO, OR AS A CONSEQUENCE OF		0.10		0	0	
	Canditians, if any, which gave	(b) mully	re le	CVA	5		3 W	21
	rise to immediate cause (a),(stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF	1	-f	1			
	last.	(1) Cerebra	& a	rlenace	leron	207	14 K	2
	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE OR C	ONDITION GIVE	N IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES □ NO ☑		YES, WERE FINDINGS (5 OF DEATH?	CONSIDERED IN CER	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ar contributing cause of Death (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c. HOW	INJURY OCCURRED (Enter	nature af inju	ry in Part 1 ar Part 2,	Item IB.)	
ME	21d. INJURY OCCURRED 21e. PL While Nat while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	IRY.) 21f. LOCA	TION Street or R.F.D. No.	City	ar Tawn	County	State
	22a. I certify that (I) (this	hospital) attended the deceased	from_U	ug , 196	6 , to	2/13 , 19	69, that	(I) (we) los
	sow the deceosed oliv causes stated abave, (e on 3/3 19 I) (we) (did) (did not) view the be	مركك, ond t ody after de	hat in (my) (our) opi ath.	nian death	occurred on the de	ote ond hour o	nd from the
	22b. SIGNATURE	mackn	D DEGREE	ATTENDING MPHYS. M	IED.	STAFF PHYS. 22c.	DATE SIGNED Z//3/	169
	22d. PHYSICIAN'S NAME (Type)	BenAck-	mo	22e. ADDRESS 4115 Co	lie ,	DRIVE.	Wheat	Ton
23a.	BURIAL, CREMATION, 23b. DA'	1	. 1	EMATORY	1	ON (City or Town)	(Caunty)	(State)
	REMOVAL (Specify) REMATION 2/	7/69 CEDAR		LCREM.		17LAN) <u> </u>
	os. GAWLER'S			DATE FE	3 1 9 1	S89 REGISTRAK	ANGE ASE	sugar.
100	DA. OFFWLEIR'S	DONS, WASH.	1. 6	DAIL			U	4.5



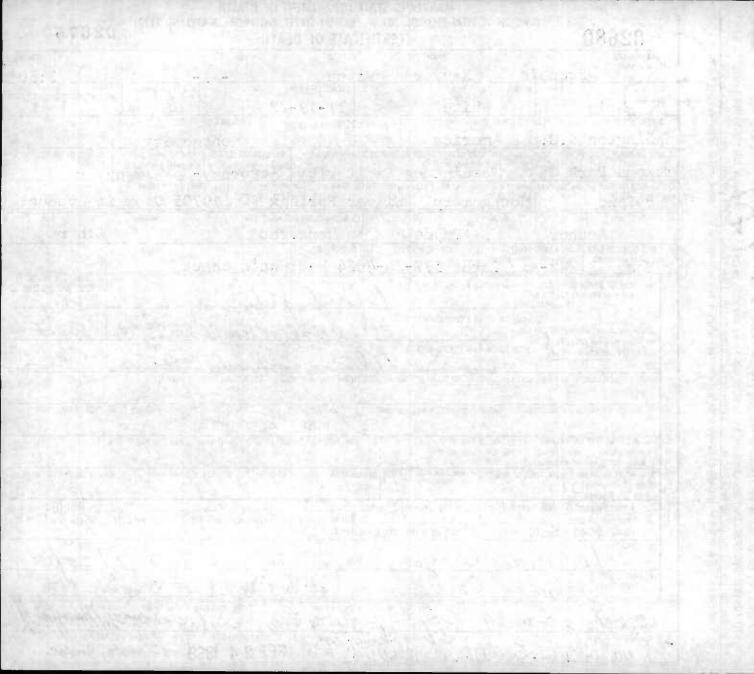
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02674 CERTIFICATE OF DEATH Afiled in by the funeral on papers, Pages 1 and 2 within 72 haurs after death. 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month 20 Doy 3. SEX 6. AGE (In years IF UNCER 1 YEAR last hirthday) 3-28-1889 remale 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED montgomer WIDOWED 🔀 DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) BETACS OR - SITUEX during most of working life, even if retired.)

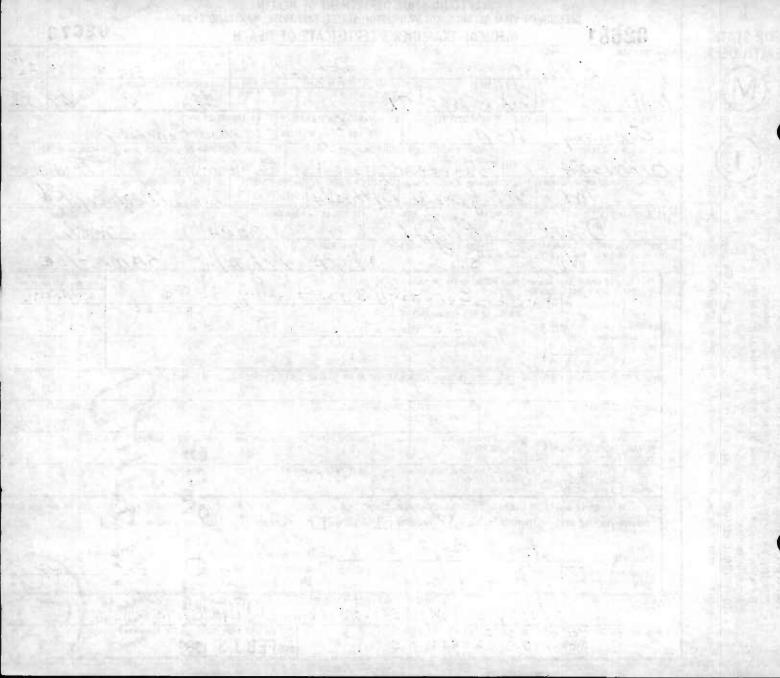
OFRING NURSING HOME

PET - LERK **INDUSTRY** completely event, 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER admission) STATE J 18b. COUNTY YES NO please remove in any physician and chen please remo 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost LLER burial, crematian, or removal, and 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) PERCY GATRICK 236 UTAH AVENW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Broncha Pheumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; signed by the burial-transit Cerebras rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying cause Cerebra ear PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar tab as the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO K 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Tawn County While Nat while 22a. I certify that (I) (this hospital) attended the deceased fram Dec 12 , 1967, ta Feb 20 , 1969, that (I) (we) last saw the deceased alive an Feb 20 1969, and that in (my) (our) apinian death accurred an the date and haur and fram the be retained directar, page 3 shauld shauld be filed with the causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED eb. 20, 1969 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 5516 Nebraska Robert 23b. DATE NAME OF CEMEJERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, 3 CR (Specify) VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH





death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02677

ľ		DECEASED-NAME Control of Death A Middle Control of Day 69 Year Print) Research A Month 5 Day 69 Year	2b. HOUR
3	. SE		AYS HOURS MIN.
ľ	caun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	Md.
3	5	Silver Spring give street address) Holy Cross during most of warking life, even if retired. INDUSTR	O OF BUSINESS OR
60	3a. Idmi	a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 13b COUNTY 15c. CITY OR TOWN 15c. CITY OR TOWN 15c. CITY OR TOWN 15c. CITY OR TOWN 15c. CITY LIMITS? 15e. STREET AND NUMBER 2305 Hillside.	Rd.
7	4. F	FATHER'S NAME First PONTE LOST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MID	Last
		Address Yes, no frynknawn) (If yes give war or dates of service) 165-10-2535 Mes. LONTE 139 C d & above	
			PROXIMATE INTERVAL EEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) Gram negative sepsis DUE TO, OR AS A CONSEQUENCE OF (c) I seudomonas sp, abscess right axilla	
	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20o. Autopsy? YES NO CAUSES OF DEATH?	N CERTIFYING
	MEDICAL CER	Grant Gran	
		21d. INJURY OCCURRED While Not while at wark at wark at wark	State
		saw the deceased alive an	
		226. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR DIR	69
		22d. PHYSICIAN'S J. Fredrick BARR, MD 22e, ADDRESS 4500 College Ave, College PAR	K, Md
1		a. BURTAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	
	1	FUNERAL DIRECTOR 7400 GEADORESS, A ANE. N. W. 250. REGISTRAR 196266. REGISTRAR'S SIGNATURE 1 AND THURSDAY THE THE PROPERTY OF	juage .

VR A15 (4) 30M REV, 1/68

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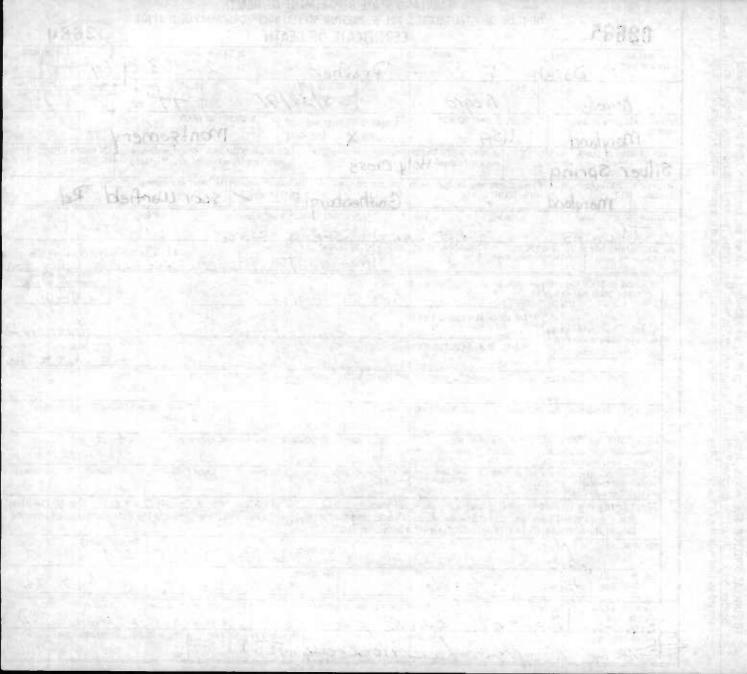
13	t	em 18b Film	1 41 D	IVISION OF VI	TAL RECORDS,	301 W. Pl	RESTON STR	EET, BALTIMO	RE, MARY	LAND 212	01	0267	3
	-	02688		17.7		CERTIFIC	ATE OF	DEATH	9333		5.0		
1.	DEC	EASED-NAME pe ar print)	First		Middle		Last		. DATE OF DE		Day	Year	2b. HOUR A
L		FUE	ene		Roy	Po	well Ji			Month	7	1969	12:01M
3.	SEX	Male		4. RACE Whit	е		S. DATE OF BIR	ay 1904	6.	AGE (In year last birthday)	YRS.	MONTHS DAYS	HOURS MIN.
70	. BI	RTHPLACE (State or fareign ry) uth Carolina	7b	CITIZEN OF WHAT	COUNTRY?	8. MARRIED WIDOWED	NEVER MARI	RIED 9. CC	Mont	ATH gomery			h.M.
10	. CI	ry or IDWN of DEATH Bethesda		11 NAME	OF HOSPITAL OR IN:	STITUTION (If n		12a. USUAL DC	CUPATION (K	ind of work	dane	12b. KIND OF INDUSTRY	BUSINESS OR
13	a. l mis	ISUAL RESIDENCE (Where d sign) STATE uth Carolina	eceased	lived, if institution: 13b. COUNTY	Residence befare	13c. CITY OR Lat		YES NO NO		TAND NUMB		Street	
14	. FA	THER'S NAME First	4-6	Middle	Last		. MOTHER'S MA	IDEN NAME First		Mid	dle		Last
L		Eugene		LeRoy	Powell			Estelle				Bet	hea
1	Sa. Ye	WAS DECEASED EVER IN U.S s, no prunknawn) (If ye	ARMED give war o		SOCIAL SECURITY			ne Medica ical Cent				sda, Mo	. 20014
Γ	T	18. CAUSE OF DEATH (Ent	er anly o						7	9-7-7-0		BETWEEN O	NATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive upper GI hemorrhage								8 Ho	urs		
	1	0050			CONSEQUENCE OF							26 Mc	andala a
t		Conditions, if any, which gave rise to immediate cause (a), (b) Acute myelocytic leukemia								/9 Mc	nths		
		Institute that the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
1	4	PART 2. OTHER SIGNIFICAN	T CONDIT	TIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CONDI	TION GIVEN II	N PART 1(a)			
- Indiana	CEKTIFICATION	19a. DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOI YES 🔀	PSY?	20b. IF YE CAUSES OF		ings co	nsidered in Ce	RTIFYING
	4	21a. ACCIDENT WAS UNDE ☐ OR CONTRIBUTING ☐ CAUSE ((If either, natify medical e	F DEATH	21b. TIME OF IN. HOUR A.M. A P.M.	URY Nanth Day Year 1		OW INJURY OCC	URRED (Enter natu	ure af injury i	in Part 1 ar P	art 2, It	em 18.)	
1		21d. INJURY OCCURRED While Not while at work	21e. PL	ACE OF INJURY (AT	HOME, FARM, STREET, FA ICE BUILDING, ETC.	CTORY,) 21f. LC			City ar			County	State
	22a. I certify that XIX (this hospital) attended the deceased from 9 Jan., 19 69, to 7 Feb., 19 69, that XIX (we saw the deceased alway on 1 February 19 69, and that in (XXXX) (our) opinion death occurred on the date and hour and from courses stated abave, (XXXX) (we) (did) (XXXXXX) view the bady ofter death.											(M) (we) last and from the	
	1	22b. SIGNATURE Degree ATTENDING MED. STAFF Zec. DATE SIGNED 7 February 1969											
		22d. PHYSICIAN'S NAME (Type) B	rian	W. Goode			Inst	itutes o	f Heal	th, Be	ethe	sda, Mo	1. 20014
2	3a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA1	E LO/1969	23c. NAME OF	CEMETERY OR	CREMATORY	230	d. LOCATION DILL	(City ar Tawr	OUT	H Conth RO	(State)
2	-	1	lera	mm. 7	ADDRESS ADDRESS	Wash	., O.C.	2Sa. REC'D BY RE	GISTRAR	2Sb. REGIS	TRAR'S	SIGNATURE	CHAN
	H	young Timers	l I	long - 130	18-N ST	pet, N.	W	DATE FEB 1	0 196	18 AC	Las	May my	408
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02679 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH death. 2b. HOUR death. pup the funeral (Type or print) Month Orin -30/DM Dowers 0 offer (4. RACE 3. SEX 5 DATE OF BIRTH within 24 haurs after 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last_birthdoy) MONTHS I HOURS June 19, 1890 hours 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Illinois filled in U.S.A. Montagmery WIDOWED [DIVORCED [and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of werking life, even if retired.) give-street oddress) INDUSTRY Ollege carban campletely Silver Spring rotessor 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER be executed 13b. COUNTY Montgomery Sil. Spr. odmission) STATE YES 🔽 13700 Carlisle Court NO remave 14. FATHER'S NAME Middle Middle Lost IS. MOTHER'S MAIDEN NAME First John Nancu 9 rwin Powers Pertificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) burial, crematian, or remaval, 578-32-9377 John Powers 13700 Carlisle Court. ottending p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) death PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove) the burial-transit rise to immediate couse (o), DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta b the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED SD 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🖂 NO X of Health TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram_ teased fram______, 19_5, ta_____, 19_9, that (1) (we) last _______, and that in (my) (aur) apinian death occurred on the date and haur and fram the 2-15 saw the deceased alive an____ with the causes stated abave (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF directar, page 3 shauld be filed v DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Morris Perry. Georgia Avenue. 11602 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Rock Creek Cemetery Washington, 2-18-1969 ADDRESSIL. Spr. Md. C. Glen Carter VR A15 (4) Pumphrey. Inc. 8434 Georgia Avenue DATE

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				-11-113; Los Cabin	San S Sec. A. T. Sec. al.

MARYLAND STATE DEPARTMENT OF HEALTH



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cremation,

burial-tronsit

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for

detached

signed by

O FUNERAL DIRECTOR: After this certificate has been

be retained by

ATTENDING PHYSICIAN:

physician ond

requires that the death certificate be executed within 24 hours after death

CERTIFICATE OF DEATH

S. DATE OF BIRTH

DIVORCED [

8. MARRIED T NEVER MARRIED

6. AGE (In years last birthway)

IF UNDER 1 YEAR MONTHS DAYS

HOURS

9. COUNTY OF DEATH

Month

2a. DATE OF DEATH

12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR **INDUSTRY**

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

WIDOWED

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

13d. INSIDE CITY LIMITS? YES NOT

13e. STREET AND_NUMBER Middle

First 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove)

rise ta immediate cause (o),

stating the underlying couse

16b. SOCIAL SECURITY NO.

17. INFORMANT

Yes, na. ar unknawn) (If yes give war or dates of service)

18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Pulmonary embolization IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Acute pulmonary edema

DUE TO, OR AS A CONSEQUENCE OF

(d) Hypertensive cardiovascular disease

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20o. AUTOPSY?

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

YES TX

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

saw the deceased alive an_

Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY

7b CITIZEN OF

13b. COUNTY

Middle

AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No.

PHYS 22e. ADDRESS

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

City or Town

County

Stote

21d. INJURY OCCURRED While Nat while at work

22b. SIGNATURE

NAME (Type)

19a, DATE OF OPERATION

22a. I certify that (I) (this haspital) attended the deceased from-

Lawrence Marcus. M. D.

and that in (my) (aur) opinian death accurred on the date and haur ond from the couses stated above, (1) (we) (did) (did nat) view the body after deoth.

DEGREE

ATTENDING

MED. DIRECTOR

1111 Spring St.

22c. DAJE SIGNED

Silver

23a. BURIAL, CREMATION

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

CEM.

23d. LOCATION (City or Town) 10N

(County)

director, should

ADDRESS

25a. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

The promise Since Spenier toly Boss Hospi Thankton & Holle Paper Mill Rd. this applied to the public of the ENGL 2-7-69 MT ZIEN COM

	02687	CERTIFICATE OF DEATH				
		Middle	Lost	2a. DATE OF DEATH	2b. HOUR	
	Joseph	51	PU220	Feb. 5	1969 7:300	
3. 51	Male 4. RACE	white	5. DATE OF BIRTH	6. AGE (In years last birthday) 5.5 YRS	MONTHS OAYS HOURS MI	
7o.	BIRTHPLACE (State or foreign 7b. CITIZEN			9. COUNTY OF DEATH		
	ITaly					
10.	CITY OR TOWN OF DEATH	give street oddress)	TUTION (It nat in haspital 12a. USU dyring n	nast of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
130	IISHAL RESIDENCE (What addressed lived if	1 2 1 7 .			e —	
odm	ission) STATE Md. AM COL	MERY	Rockville YES N	10 12805 Pa	rkland Driv	
14.	1 - 0			/ -	Last	
16a.	WAY DECEASED EVER IN U.S. ARMED FORCES? (es, you ar unknown) (If yes give war or dates of se		17. INFORMANT	Address	e above	
	PART I. DEATH WAS CAUSED BY:	- X 1 - T - 1	pulman ()	telesta.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
			1.10	The state of the s	100	
	Conditions, if ony, which gave	Polum	Morax			
	stoting the underlying cause DUE To	O, OR AS A CONSEQUENCE OF	DRullay F	- bless		
		NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
2	Pulmana	. // / /	. 2	constitution of set in 1780 (10)		
IFICATIO	19a. DATY OF OPERATION 19b. CONDITIONS	811		20b. 1F YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING	
	216 ACCIDENT WAS UNDERLYING 216.			- /-	, Item 18.)	
DICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	6.11				
ME	21d. INJURY OCCURRED 21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. No.	o. City or Town	County State	
	22a. I certify that (I) (this haspita) attended he deceased	from //2/ , 19_	62, ta 2/5 , 10	9 <u>67</u> , that (I) (we) lo	
	saw the deceased alive an_ causes stated abave, (1) (ws)	(did) (dig nat) view the ba	dy after death.	oinian death occurred an the d	late and havr and fram t	
17	22b. SIGNATURE	vinto 36	DEGREE ATTENDING PHYS 201	MED. STAFF	DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type) MRRV	in L. KOL	22e. ADDRESS	Spring St.	5. 8 ml.	
4 6 10						
23a.	BURIAL, CREMATION, 23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)	
		23c NAME OF CE	METERY OR CREMATORY HEAVEN	23d_LOCATION (City or Town) 1 LUER SPRINC BY REGISTRAR 25b. REGISTRAR	Ms.	
	70. 70. 10. (13a. adm	3. SEX 3. SEX 4. RACE 70. BIRTHPLACE (State or foreign country) 10. CITY OR TOWN OF DEATH 13a. USUAL RESIDENCE (Where deceosed lived, if admission) STATE 14. FATHER'S NAME 16a. WAY DECEASED EVER IN U.S. ARMED FORCES? Yes, vig. ar unknown) 18. CAUSE OF DEATH (Enter only ane cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 19a. DATY OF OPERATION 19b. CONDITIONS COUNTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF IN While at work at wark 22a. I certify that (I) (this haspita saw the deceased alive an causes stated abave, (I) (was 22b. SIGNATURE) 22d. PHYSICIAN'S	1. DECEASED-NAME (Type or print) 3. SEX 4. RACE 70. BIRTHPLACE (State or foreign country) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION: Residence before admission) 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 14. FATHER'S NAME 15. THO WAY DECEASED EVER IN U.S. ARMED FORCES? 16a. WAY DECEASED EVER IN U.S. ARMED FORCES? 17a. J.	1. DECEASED NAME (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 10 / 13 / 3 70. BIRTHPLACE (State or foreign To. CITIZEN OF WHAT COUNTRY? 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before last. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before last. CITY OR TOWN 15a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, May DEC	1. DECEASED NAME (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 1. DATE O	

